COUNTY COUNCIL OF CUMBERLAND

Annual Report

ON THE

HEALTH SERVICES OF THE COUNTY

For the Year 1955

W. H. P. MINTO, M.D., D.P.H.
COUNTY MEDICAL OFFICER

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TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL

Mr. Chairman. My Lord, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the County Medical Officer on the Health of the County of Cumberland for the year ended 31st December, 1955.

My first duty is to pay tribute to my predecessor and former chief—Dr. Kenneth Fraser—who held the reins of office throughout the year under review. Dr. Fraser retired on 31st May, 1956, after 44 years of devoted service to the people of Cumberland and with what I believe must be an unequalled record of public service as a Medical Officer of Health and Hospital Administrator. His last Annual Report was a masterpiece and it is with an understandable sense of humility that I have endeavoured to set out the events of 1955. In the very nature of things the compilation of an Annual Report is bound to produce in the author something of a Jekyll and Hyde sensation since at the time of writing one is trying to think of the past while living in the present and planning for the future. This sensation is accentuated when the past belongs to another. Accordingly, I submit this report to you very largely in the manner adopted in previous years and in this short preface I will merely draw your attention to some points which I think are important.

The health of the people in the County as far as can be judged by vital statistics has remained generally satisfactory. The birth rate of 16.4 per 1,000 population is the same as for 1954. The crude death rate shows a slight increase from 11.9 in 1954 to 12.2 in 1955. The birth rate for 1955 is 4.2 in excess of the death rate. The infant mortality rate is 28.4 compared with 24.9 for England and Wales. The number of deaths from pulmonary tuberculosis (24) is once again smaller than ever before. The three main causes of death are heart disease, vascular lesions of the nervous system and cancer, all diseases which, in the most part, affect persons in the later decades of life.

I feel strongly that the public health service has reached a crossroads. In the past lie the well known achievements of sanitary science which have led to

a remarkable improvement in the standard of living and a corresponding reduction with a few notable exceptions in mortality rates along with the virtual disappearance of many of the infectious diseases. This progress must of course be maintained and consolidated by attention to principles already well established and continued development of the whole service including immunisation and vaccination but ahead I see a number of challenges to those of us who are to be engaged in the new preventive medicine and a real promise of fresh fields to conquer.

In this connection may I draw your attention in particular to the section on Mental Health (page 52). The importance of the preventive aspects of mental health cannot, I think, be overstressed when we remember that half the hospital beds in England are occupied by people suffering from mental illness and this figure must represent only a fraction of the numbers whose lives are made miserable, or at least unhappy, by mental ill health of a degree insufficient to require institutional care. The Minister of Health has asked medical officers to comment in their reports for 1955 on steps taken to prevent the break up of families, and I have described what is done in Cumberland (page 46).

A very great deal can be done in these and other fields by Health Education, much of which is best when it is informal, to banish apathy, ignorance and fear which still exist to a surprising extent in this enlightened age. One cannot but feel hopeful that the causes of some forms of cancer will become clearer and that prevention will have a part to play here. In the present state of our knowledge once again careful health education should save many lives and much suffering. A similar approach may well be required to new hazards connected with radioactivity, atmospheric pollution, and the increased incidence of the stress disease, coronary thrombosis and the like, once their extent and causation have been accurately determined.

Some twenty years ago, one of our greatest epidemiologists wrote: "Without doubt, it is idle to speak of the conquest of tuberculosis; tuberculosis has not been and so far as one can see never will be

conquered." Such an opinion must not be light-heartedly dismissed, but times have changed, and here surely is a challenge to those of us engaged in the practice of preventive medicine. Can we today, with tuberculosis already on the decline, and armed as we are with new and powerful anti-tuberculosis weapons, really accept the thesis that an infectious disease cannot be if not abolished, at least reduced to the status of a minor health problem by a concentrated attack on its fundamental causes combined with the protection of susceptible groups. In Cumberland it has been known for years that tuberculosis presents a particular problem in certain areas and recent work has confirmed this. We are now planning just such a concentrated attack in which I hope the Medical Officer of Health in a new combined appointment will play a vital role by co-ordinating locally the services provided by the District Council, the local health authority and the Regional Hospital Board.

Then there is research, a rather grandiose title perhaps, but I am certain that in health departments there exist facts among the normal records which with skilful handling could produce evidence which might provide the key to some of our unsolved problems, and thus if not save life at least reduce morbidity. This sort of material needs specialised handling methods and it is my hope that the Council may be prepared at some future date to allow a liaison to be developed in this direction with the Public Health Department of one of the Universities.

At the time of writing one suffers from a sense of disappointment that restriction on capital expenditure has necessitated the postponement of the several much needed projects to which I have made reference in the report. Disappointment but not frustration, for I would emphasise in the words of a wartime slogan—"There is no gloom in this house." The delay should be regarded as a breathing space to be used for the careful planning of new, more efficient and possibly even more economical services, when money is again more freely available. The prevention of disease largely by the removal of the conditions which cause it is not only the logical approach, but should be less expensive than curative efforts, and national figures

support the truism that prevention is not only better but cheaper than cure.

In his last report my predecessor said that his successor would take over "as good a team as any man could wish for." In the very short time during which I have held office that team has had to take the unexpected strain of the inauguration of a scheme for Poliomyelitis vaccination complicated by an epidemic of Poliomyelitis, and I am most happy to report that one and all have emerged with flying colours.

Although this report refers to 1955 I should like to take this opportunity to express my sincere gratitude to the Chairman and Members of the Health Committee for their patience and indulgence, and to my colleagues in the other departments of the County Council for all the consideration and help which they have given me.

I am, my Lord, Ladies and Gentlemen,
Your obedient Servant,
W. H. P. MINTO,
County Medical Officer.

County Health Department,
11, Portland Square,
Carlisle.
July, 1956.

In accordance with the wishes of the Ministry, lists are appended "A" of the committees which are concerned with matters of public health, and "B" of the medical, dental, nursing and other technical staff, and the senior officers dealing with administration.

A. LIST OF COMMITTEES CONCERNED WITH MATTERS OF PUBLIC HEALTH

HEALTH AND HOUSING COMMITTEE

Dickinson, R. F. (Chairman)
Cain, Mrs. E. G. (Vice Chairman)

Banham, G.
Batey, Rev. H. T.
Bland, T. P.
Broadbent, C. W.
Douglas, J.
Herdman, J. F.
McCann, Rev. F. K.
McCarron, J. H.
McKeating, Mrs. E. O.
McPoland, Mrs. F.
Mitchell, J.
Nixon, W. G.
Powers, J. E.
Smith, Mrs. M.
Townsley, R.
Waddell, W.
Walsh, J.
Wilson, D. G.
Wright, T.
Young, T.

Ex-Officio members

Edmonds, C.
Gaskarth, F. G.
Roberts, C. H.

External members

Braithwaite, Dr. J.
Brown, Mrs. J. Court
Chalmers, Dr. R. W.
Curwen, Mrs. C. St. G.
Eves, A. J., M.P.S.
Faulds, Dr. J. S.
Ferguson, Dr. T. T.
Fisher, Miss M. C.
Fletcher, Dr. A. F.
Graham, Miss E. R.
Hasell, Mrs. G.
Hodgson, Mrs. H. L.
James, Mrs. E. L.
Jolly, Dr. G. M.
McCowan, R. D.

HEALTH GENERAL PURPOSES SUB-COMMITTEE

External members

Brown, Mrs. J. Court
Curwen, Mrs. C. St. G.
Fisher, Miss M. C.

MENTAL HEALTH SUB-COMMITTEE

External members

Braithwaite, Dr. J.
Chalmers, Dr. R. W.
Curwen, Mrs. C. St. G.
Ferguson, Dr. T. T.

HEALTH (EASTERN) AREA SUB-COMMITTEE

External members

Brown, Mrs. J. Court
Eves, A. J. M.P.S.
Hodgson, Mrs. H. L.
James, Mrs. E. L.

District Council Representatives

Alston R.D.C. ... 1
Border R.D.C. ... 2
Keswick U.D.C. ... 1
Penrith R.D.C. ... 1
Penrith U.D.C. ... 1
Wigton R.D.C. ... 2

HEALTH (WESTERN) AREA SUB-COMMITTEE

External members

Chalmers, Dr. R. W.
Curwen, Mrs. C. St. G.
Ferguson, Dr. T. T.
Graham, Miss E. R.
McCowan, R. D.

District Council Representatives

Cockermouth R.D.C. 1
Cockermouth U.D.C. 1
Ennerdale R.D.C. ... 2
Maryport U.D.C. ... 1
Millom R.D.C. ... 1
Whitehaven B.C. ... 2
Workington B.C. ... 2

JOINT (HEALTH AND EDUCATION) SUB-COMMITTEE

Health Committee Representatives

Cain, Mrs. E. G.
Curwen, Mrs. C. St. G.
Dickinson, R. F.
Douglas, J.
Roberts, C. H.
Waddell, W.

Education Committee Representatives

Clayton, Rev. F. C.
Edmonds, C.
Gilbertson, J. W.
Gorley, Mrs. G. B.
Wilson, Major F. G.

* AMBULANCE SERVICE SUB-COMMITTEE

External member McCowan, R. D.

* NURSING SUB-COMMITTEE

External members

Brown, Mrs. J. Court
Curwen, Mrs. C. St. G.
Fisher, Miss M. C.
Graham, Miss E. R.
Hasell, Mrs. G.
Hodgson, Mrs. H. L.
James, Mrs. E. L.

* WELFARE SUB-COMMITTEE

Broadbent, C. W.
Clayton, Rev. F. C.
Douglas, J.
Edmonds, C.
Gilbertson, J. W.
Kilbride, J.
MacInnes, Miss J. E.
McCarron, J. H.
McKeating, Mrs. B. O.
Smith, Mrs. M.
Young, T.
One vacancy

* The following are ex-officio members of these sub-committees:-

Cain, Mrs. E. G.
Dickinson, R. F.
Roberts, C. H.

SEWERAGE AND WATER SUPPLY SCHEMES

Bowness, W.
Coulthard, J.
Gasgarth, F. G.
Holliday, R.
Kilbride, J.
Kyle, W. C.
McCann, Rev. F. K.
Powers, J. E.
Teasdale, Mrs. G. R.
Wharton, J. W.
Wilson, Major F. G.

Ex-Officio members

Roberts, C. H.
Edmonds, C.

The Children's Committee are also concerned with public health matters in respect of the care and supervision of neglected, ill-treated or abandoned children.

B. STAFF EMPLOYED DURING 1955

MEDICAL OFFICERS—

County Medical Officer—

Kenneth Fraser, O.B.E., M.D., F.R.S.E., D.P.H., D.T.M.	Administrative

Deputy County Medical Officer—

W. H. P. Minto, M.D., D.P.H.	Administrative and Clinical.

Medical Officers in Mixed Appointments—

John R. Hassan, M.B., Ch.B., D.R.C.O.G., Also Medical Officer of Health, Alston R.D.C. (In general practice).	Clinical
James L. Hunter, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Workington Borough). (Senior Assistant County Medical Officer, West Cumberland).	Administrative and Clinical.
Isaas S. Jones, M.R.C.S., L.R.C.P., D.P.H. Also Medical Officer of Health, Wigton R.D.C., and Penrith U.D.C.	Clinical
John Patterson, M.B., B.Ch., B.A.O., D.P.H., Also Medical Officer of Health, Cockermouth R.D.C., Cockermouth U.D.C., and Keswick U.D.C.	Clinical
Ethel A. Perrott, M.D., B.S., D.P.H., Also Medical Officer of Health, Millom R.D.C.	Clinical
Kenmure J. Thomson, M.B., Ch.B., D.P.H. Also Medical Officer of Health Border R.D.C., and Penrith R.D.C.	Clinical

Assistant County Medical Officers—Whole-Time—

Enid M. O. Campbell, M.B., Ch.B., D.P.H., D.T.M. and H. (appointed 1/9/55).	Clinical
James E. Gallagher, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H. (resigned 14/8/55)	Clinical
Agnes T. Harbison, M.B., B.Ch., B.A.O., D.P.H.	Clinical

Note: "Clinical Duties" include school medical inspections, school clinics, and child welfare clinics.

DENTAL OFFICERS

Senior Dental Officer—

A. C. S. Martin, L.D.S.	Administrative and Clinical.

Dental Officers—

I. R. C. Crabb, L.D.S. D. H. Hayes, L.D.S. Mrs. M. Hayes, B.D.S. F. H. Jacobs, L.D.S. D. C. Lamond, L.D.S. R. B. Neal, M.B.E., L.D.S. A. R. Peck, L.D.S.	Clinical

ORTHOPAEDIC PHYSIOTHERAPISTS

Miss J. M. Morris, C.S.P., M.E.	Administrative, clinical and domiciliary visiting.
Miss B. M. W. Summerson, C.S.P., L.E.T. (Orthopaedic Nursing Certificate). (Resigned 29/1/55).	Clinical and domiciliary visiting.
Miss E. Tudor, O.N.C., M.C.S.P. (Appointed 1/3/55, resigned 28/8/55).	Clinical and domiciliary visiting.

SPEECH THERAPISTS

Miss D. Chapman, L.C.S.T.
Miss E. M. Rawle, L.C.S.T.

ORTHOPTISTS

Miss M. F. Brown, D.B.O. (Resigned 30/6/55).
Miss J. Hodson, D.B.O. (Appointed 12/9/55).

MENTAL HEALTH

Consultant Psychiatrists—Part-Time

Seconded from Newcastle Regional Hospital Board.
J. Braithwaite, M.B., Ch.B., D.P.M.
J. R. Stuart, M.B., Ch.B., D.P.M.
T. T. Ferguson, L.R.C.P., L.R.C.S., L.R.F.P.S.

Mental Health Officer—

N. Froggatt.

Psychiatric Social Workers—

Miss M. Lamb (Part-time seconded from Newcastle Regional Hospital Board). Mrs. G. A. Campbell	Child guidance.

Mental Health Workers—

Mrs. A. G. N. Erskine.
Miss E. F. Hall.

ADMINISTRATIVE OFFICER

W. Butcher.

NURSING STAFF

Superintendent Nursing Officer—

Miss I. Mansbridge, S.R.N., S.C.M., Q.N., H.V. Cert.	Administrative Also home help organiser.

Deputy Superintendent Nursing Officer—

Miss S. Keeler, S.R.N., S.C.M., Q.N., H.V. Cert.	Administrative Also home help service.

Assistant Superinttndent Nursing Officers—

Miss E. E. Jackson, S.R.N., S.C.M., Q.N., H.V. Cert. (Died November, 1955). Mrs. A. Steele, S.R.N., S.C.M., Q.N. H.V. Cert.	Administrative. Also home help service.

Health Visitors—

Miss M. Henderson, S.R.N., S.C.M., H.V. Cert.	Tuberculosis (Chest Centre 50%, domiciliary visiting 50%).
Miss M. E. M. Gibson, S.R.N., S.C.M., H.V. Cert.	
Miss I. M. Alcock, S.R.N., S.C.M., H.V. Cert.	Domiciliary visiting, school health service, maternity and child welfare, tuberculosis visiting, special enquiries.
Miss M. Armstrong, S.R.N., S.C.M., H.V. Cert.	
Mrs. A. Petch, S.R.N., S.C.M., H.V., Cert.	
Mrs. S. Bowe, S.R.N., S.C.M., H.V. Cert.	
Mrs. M. C. Roberts, S.R.N., S.C.M., H.V. Cert.	
Miss E. Crosby, S.R.N., S.C.M., H.V. Cert.	
Miss D. Dawson, S.R.N., S.C.M., H.V.Cert.	
Miss E. M. Garrett, S.R.N., S.C.M., H.V. Cert (resigned 31/3/55).	
Miss D. Green, S.R.N., S.C.M., H.V. Cert.	
Miss M. E. Harrison, S.R.N., S.C.M., H.V. Cert.	
Miss R. J. Hind, S.R.N., S.C.M., H.V. Cert.	
Miss M. Horn, S.R.N., S.C.M., H.V. Cert.	
Miss A. Hodgson, S.R.N., S.R.M., H.V. Cert.	
Miss F. Kendall, S.R.N., S.C.M., H.V. Cert.	
Miss A. M. Little, S.R.N., S.C.M., H.V. Cert.	
Miss R. A. Lodge, S.R.N., S.C.M., H.V. Cert.	
Miss E. Mercer, S.R.N., S.C.M., H.V. Cert.	
Miss J. Surtees, S.R.N., S.C.M., H.V. Cert. (Appointed 24/10/55).	
Miss S. Twigg, S.R.N., S.C.M., H.V. Cert. (Appointed 27/10/55).	

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

The essential vital statistics for the year 1955 are as under :—

	Population At 1951 Census.	Estimated by Registrar General Mid. 1955
Urban Districts	86,335 ...	87,300
Rural Districts	131,118 ...	129,400
Administrative County ...	217,453 ...	216,700

Population of Sanitary Districts, 1955

Urban Districts		
Workington	28,940	
Whitehaven	25,290	
Maryport	12,520	
Penrith	10,490	
Cockermouth	5,300	
Keswick	4,760	
		87,300
Rural Districts		
Border	30,040	
Ennerdale	28,720	
Wigton	23,450	
Cockermouth	19,500	
Millom	13,910	
Penrith	11,500	
Alston	2,280	
		129,400
Total for Administrative County ...		216,700

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1955, was £1,179,903. The estimated product of a penny rate was £4,570.

Extracts from vital statistics for the year 1955

LIVE BIRTHS

	Total Births	Males	Females
Legitimate	3,430 ...	1,765 ...	1,665
Illegitimate	126 ...	66 ...	60
Total	3,556 ...	1,831 ...	1,725

Birth Rate per 1,000 poplation 16.4
(England and Wales 15.0)

STILL BIRTHS

	Total Still-Births	Males	Females
Legitimate	77 ...	37 ...	40
Illegitimate	2 ...	2 ...	—
Total	79 ...	39 ...	40

Rate of Still-Births per 1,000 total births 21.7
(England and Wales 23.1)

DEATHS

Total Deaths	Males	Females
2,653	1,368	1,285

Crude Death Rate per 1,000 population 12.2
(England and Wales 11.7)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

Pregnancy, Childbirth and abortion 2

Maternal Death Rate per 1,000 Total Births—.56

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE

All Infants per 1,000 Live Births	28.40
Legitimate Infants per 1,000 Legitimate Live Births	27.11
Illegitimate Infants per 1,000 Illegitimate Live Births	63.49

DEATHS FROM CANCER (ALL AGES) 410

DEATHS FROM MEASLES (ALL AGES) ... ... NIL

DEATHS FROM WHOOPING COUGH (ALL AGES) 1

DEATHS FROM GASTRITIS, ENTERITIS AND DIARRHOEA (Under 1 Year) 2

The 3,556 live-births were distributed among the Urban and Rural Districts as follows :—

Births, 1955

Urban Districts	Total Births	Legitimate	Illegitimate	Birth Rate
Cockermouth	86	83	3	16.23
Keswick	52	51	1	10.92
Maryport	193	186	7	15.42
Penrith	172	160	12	16.40
Whitehaven	511	498	13	20.21
Workington	453	440	13	15.65
Aggregate of Urban Districts	1,467	1,418	49	16.80
Rural Districts.				
Alston	41	41	—	17.98
Border	440	425	15	14.65
Cockermouth	262	253	9	13.44
Ennerdale	525	506	19	18.28
Millom	220	205	15	15.82
Penrith	179	173	6	15.57
Wigton	422	409	13	18.00
Aggregate of Rural Districts	2,089	2,012	77	16.14

The 2,653 deaths were distributed among the Urban and Rural Districts as follows :—

Deaths 1955

Urban Districts	Total	Males	Females	Crude Death Rate
Cockermouth	82	45	37	15.47
Keswick	65	26	39	13.66
Maryport	132	66	66	10.54
Penrith	151	83	68	14.39
Whitehaven	307	150	157	12.14
Workington	328	171	157	11.33
Aggregate of Urban Districts	1,065	541	524	12.20
Rural Districts				
Alston	44	21	23	19.30
Border	405	215	190	13.48
Cockermouth	229	121	108	11.74
Ennerdale	316	160	156	11.00
Millom	159	85	74	11.43
Penrith	153	82	71	13.30
Wigton	282	143	139	12.03
Aggregate of Rural Districts	1,588	827	761	12.27

Causes of Death

	No. of Deaths.
Heart disease	977
Vascular lesions of nervous system	425
Cancer	410
Bronchitis	64
Tuberculosis—respiratory	24
Tuberculosis—other	2
Other circulatory diseases	119
Pneumonia	59
Influenza	13
Hyperplasia of prostate	14
Motor Vehicle accidents	23
All other accidents	59
Nephritis and Nephrosis	27
Congenital malformations	30
Gastritis, enteritis and diarrhoea	11
Diabetes	20
Other diseases of respiratory system	20
Ulcer, stomach and duodenum	23
Suicide	17
Syphilitic disease	3
Meningococcal infections	2
Other infective and parasitic diseases	3
Leukaemia	14
Pregnancy, childbirth and abortion	2
Whooping cough	1
Measles	—
Other defined and ill-defined diseases	291
Total	2,653

Infantile Mortality.

Of the 3,556 live births during the year, 101 infants died before reaching the age of 12 months. The infant death-rate per thousand live births is 28.4 compared with 27.6 for 1954. The figure for England and Wales is 24.9.

Causes of Death.

	No. of Deaths.
Whooping cough	—
Tuberculosis — respiratory	—
Influenza	1
Pneumonia	22
Bronchitis	1
Gastritis, enteritis and diarrhoea	2
Congenital malformations	21
Other defined and ill-defined diseases	50
Accidents	4
Other infective and parasitic disease	—
Other diseases of respiratory system	—
Meningococcal infections	—
Homicide	—
	101

Of the above 101 deaths among infants under the age of twelve months, 71 represented deaths of infants within the first 28 days of which 39 were premature births. Reference is made elsewhere in this report to the question of prematurity.

The distribution of deaths by sanitary districts is shown in the following table :—

Urban Districts	No. of Infant Deaths	Rate
Cockermouth	4	46.51
Keswick	1	19.23
Maryport	2	10.36
Penrith	2	11.63
Whitehaven	15	29.35
Workington	16	35.32
Aggregate of Urban Districts	40	27.20
Rural Districts.		
Alston	3	73.17
Border	9	20.45
Cockermouth	10	38.17
Ennerdale	20	38.10
Millom	5	22.73
Penrith	4	22.35
Wigton	10	23.70
Aggregate of Rural Districts	61	29.20

1955 Rate for England and Wales ... 24.9
1955 Rate for Cumberland County ... 28.4

NATIONAL HEALTH SERVICE ACT, 1946

Part III

Section 22—Care of Mothers and Young Children.
Section 23—Midwives Service.
Section 24—Health Visiting.
Section 25—Home Nursing.
Section 26—Vaccination and Immunisation.
Section 27—Ambulance Service.
Section 28—Prevention of Illness, Care and After-Care.
Section 29—Home and Domestic Help.

Part V

Section 51—Mental Health Service.

SECTION 22

Care of Mothers and Young Children

The broad principles governing the administration of the nursing and midwifery services, arising out of the Midwives Act, 1936, and the National Health Service Act, 1946, have been analysed in detail in previous reports. No material change has taken place, and therefore what follows in this general section merely brings the position up to date.

County Council Clinics.

In the autumn of 1954 a new clinic was opened at Millom which provided a flat for the health visitor for the district, an innovation in this county. A new clinic at Penrith was completed at the end of the year and again a flat for the health visitor was provided. At the time of writing a similar clinic is being erected at the Valley Estate, Whtehaven. At the end of 1955 it was hoped to proceed with a combined clinic and occupation centre at Wigton, and a new clinic with a certain amount of attached office accommodation at Flatt Walks in the centre of Whitehaven. It is unfortunate that as a result of restrictions on capital expenditure this latter project has had to be postponed. Representation has been made to the Ministry of Health for an early review of the situation regarding the clinic and office accommodation at Flatt Walks, and plans have been put forward for an occupation centre at Wigton to which the clinic and health visitor's flat might be added when the restrictions on capital expenditure are eased.

Child Welfare Centre Attendances

The figures for the child welfare centres are set out in the table. The number of children under one year of age who attended a child welfare centre for the first time during the year rose from 1,347 in the previous year to 1,382 in 1955. The total attendances all ages were 11,734, compared with 12,794 in the previous year.

CHILD WELFARE CENTRES

No. of centres provided at end of year.	No. of Child Welfare Sessions now held per month.	No. of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in			Total number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were:			Total Attendances during the year.
			1955	1954	1953-50		Under 1 year	1 but Under 2	2 but Under 5	
15	58	1,382	975	896	1,103	2,974	8,066	1,858	1,810	11,734

Distribution of Welfare Foods

In June, 1954, the distribution of welfare foods was taken over by the County Council as the local health authority. In Cumberland there were 111 distribution centres, of which 103 were operated by the Women's Voluntary Services. These arrangements have continued but in most of the urban areas distribution has been arranged with private firms on an agency basis. I should like once again to pay tribute to the magnificent work done by the members of the Women's Voluntary Services in this connection.

It is of some interest to compare the figures set out below for welfare foods issued in the first six months after the County Council took over with the figures for the complete year 1955. It seems that the " take-up " of National Dried Milk is as one might have expected, fairly static, but a considerably larger quantity of important vitamin supplements have been issued since the local health authority took over. This seems to be a good sign, and it will be of interest to watch the trend in future years of what may be an improvement due to indirect methods of health education.

First 6 months: 28th June 1954 — 1st January 1955.

	National Dried Milk	Cod Liver Oil	Vitamins A & D	Orange Juice
Issued against coupons and tokens	73,977	11,702	2,169	44,761
To Hospitals, etc.	371	80	—	717
Total	74,348	11,782	2,169	45,478

Twelve Months: January — December, 1955.

Issued against coupons and tokens	144,879	25,079	6,413	112,371
To Hospitals, etc	817	3	—	1,177
Total	145,696	25,082	6,413	113,548

Premature Births

Statistics with regard to prematurity are shown in the table. It will be seen that 213 children were born prematurely, 158 in hospital, 51 at home of whom 10 were transferred to hospital; the remaining 4 were born and nursed in nursing homes. Of the 213 premature births, 39 infants died within 28 days. Apart from the foregoing figures, 32 premature still-births occurred during the year.

It is interesting to note that the figures relative to prematurity are very similar to those for 1953 and 1954.

	1953	1954	1955
Total of children born prematurely	213	209	213
Died within 28 days	32	32	39
Premature still-births	45	45	32

Ante-natal and Post-natal Care

The following table shows the extent to which practitioners were concerned in the ante-natal examination of expectant mothers and in post-natal examinations in cases booked as midwives' cases. In a very large number of these cases our midwives were present at the examinations.

Examinations at practitioners' surgeries ...	534
Examinations at patients' homes	142
Examinations by practitioners at clinics	83
Re-examinations	959
Total	1,718
Findings at examinations—Normal	580
Abnormal ...	179
Recommended for hospital on account of home conditions	80
Recommended for hospital on account of patient's condition	32
Recommended to be seen by specialist	18
Post natal examinations	184

The table deals only with domiciliary examinations. In addition, of course, a very large amount of ante-natal and post-natal work is undertaken at the hospital clinics by specialists attached to these clinics. In practice we send quite a substantial number of cases, with the approval of the practitioners, for ante-natal examination and advice to the consultants attached to the hospitals concerned.

The following statistics supplied by the Hospital Management Committees are of interest :—

Weight at Birth.	PREMATURE LIVE BIRTHS																PREMATURE STILL-BIRTHS		
	*Born in Hospital			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital	Born at home.	Born in nursing home.
	Total	Died within 24 hours of birth.	Survived 28 days.	Total	Died within 24 hours of birth.	Survived 28 days.	Total	Died within 24 hours of birth.	Survived 28 days.	Total	Died within 24 hours of birth.	Survived 28 days.	Total	Died within 24 hours of birth.	Survived 28 days.			
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	23	6	9	2	2	—	3	1	1	—	—	—	—	—	—	9	5	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.. (1.500—2.000 gms.) ...	28	4	20	2	–	2	2	—	1	—	—	—	—	—	—	6	1	—
(c) Over 4 lb. 6 oz. up to and including 4 lb 15 oz. (2,000—2,250 gms.)	39	1	37	9	—	9	2	1	—	1	—	1	—	—	—	4	1	1
(d) Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.) ...	68	1	62	28	1	26	3	—	3	3	—	3	—	—	—	3	1	1
TOTALS	158	12	128	41	3	37	10	2	5	4	—	4	—	—	—	22	8	2

*The group under this heading includes cases born in one hospital and transferred to another.

Hospital ante-natal cases		Patients admitted for ante-natal treatment	Patients delivered in hospital	Children born in hospital	No. of maternal deaths in hospital	No of infants born in hospital died before discharge
Patients	Attendances					
			EAST CUMBERLAND			
1,109	3,226	93	930	947	—	19
			WEST CUMBERLAND			
1,348	8,837	158	1,066	1,053	—	29
2,457	12,063	251	1,996	2,000	—	48

To complete the above figures of hospital deliveries, mention should be made of the confinements which occurred during the year in respect of unmarried mothers, as follows :—

Coledale Hall, Carlisle	9
St. Monica's Maternity Home, Kendal	14
Brettargh Holt Maternity Home, Kendal	8

Dental Service

The Senior Dental Officer makes the following comments on the dental service for 1955 :—

During the year the staffing position has not improved and does not look like doing so, and apart from the fact that one officer, Mr. D. C. Lamond, consented to stay on after retiral age it would have deteriorated. Unpleasant as it is, the fact has to be faced that there are not enough dental surgeons to meet the present need either in the Local Government Service or in the National Health Service, while the future outlook is even worse—the intake to the profession is not nearly equal to the wastage.

All this leads up to the fact once more that no attempt has been made to expand the service for pre-school children by direct approach as was originally intended. However, 251 (the same number as the previous year) did attend and of these quite a few for routine check up. Actually many more are inspected unofficially when brought by parents attending with older children. This is always an excellent opportunity to become acquainted without a formal visit, but such are not recorded as inspections unless

the need for treatment is discovered. At the same time much can be done in the preventive line by speaking to the parent in relation to bad habits, and two in particular, first the custom of giving toddlers biscuits to fill in time and keep them quiet and, second, finger or thumb sucking. With regard to the first, it is surprising how many mothers who should know better carry biscuits of the Rich Tea type and hand them out at any odd times, not realising that the sticky fermentable mass left on the teeth can do as much harm as the most sticky toffee. This habit may bring peace at the time, but will have definite repercussions later—"Peace in our time" is always a doubtful policy whether with nations or with families.

In relation to the second, if parents could only be made to realise the serious results of this habit, not only on the teeth but on the appearance of the child due to distortion of the mouth! Psychologists may warn about the effect on the child's nervous system which may be caused by breaking the habit, but it is doubtful, to say the least, if that is as bad in end result as a person reaching adult life with a bad inferiority complex due to protruding upper jaw and teeth, a condition which can only be corrected by fairly extensive surgical treatment and then not with a fully satisfactory result. When the protruding teeth and bone have been removed and an artificial denture inserted the upper lip is too full and takes a long time to adjust itself. This is one example of the result, but it has to be realised that the nasal passages are often affected while other forms of mouth distortion may occur according to the position in which the thumb or fingers are placed in the mouth. This raises the question as to the best means of prevention. We are warned against breaking the habit by various methods of restraint, while continual correction tends to make the child seek its own company so that the habit can be enjoyed in peace, and at night there is nothing to restrain at all. The only answer is that the habit must be checked as soon as it is evident. Not the occasional "finger in the mouth" common to all infants which means nothing, but the determined variety accompanied by vigorous sucking. In spite of what may be said to the contrary, there is no doubt that a properly controlled "dummy" is the simplest

answer and will not alarm the psychologist by causing nervous reaction. The emphasis must be on "properly controlled," in other words, the dummy is used as seldom as possible and for as short a time as possible, not pushed into the infant's mouth at the first suggestion of unhappiness, and is kept in a hygienic manner, not left lying about to collect dirt. In this way the child can soon be made to forget the fingers or thumb in the more satisfactory solace of the dummy and once the habit is really broken the substitute can be lost at an appropriate opportunity. This may be contrary to all accepted principles, yet is surely sound common sense, but the emphasis must be on "properly controlled."

Numbers provided with Dental Care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	208	201	296*	240
Children under five	251	233	251*	114

Forms of Dental Treatment Provided.

	Scalings & Gum treatment.	Fillings.	Silver Nitrate treatment.	Crowns or Inlays	Extractions.	Gen. Anaesthetics.	Dentures provided. Full Upper or Lower.	Dentures provided. Partial Upper or Lower.	Radiographs.
Expectant and Nursing Mothers ...	32	143	—	1	1317	100	172	53	23
Children under five ..	—	57	73	—	608	195	—	—	7

*Includes cases brought forward from 1954

SECTION 23

Midwives Service

During the year 128 midwives notified their intention to practise. These notifications include 9 whole-time district midwives, 80 district nurse midwives, 35 midwives working in the maternity departments of

hospitals in the administratve county, 4 midwives acting independently.

The number of domiciliary confinements undertaken during the year was 1,403.

Cases in which a doctor was booked and was present at the confinement	285
Cases in which a doctor was booked but was not present at the confinement	481
Cases in which a doctor was not booked ...	637
	1,403

The following short table shows the position in respect of ante-natal and post-natal visits by midwives covering midwifery and maternity work.

Home visits	11,919
Attendances at nurses' clinics	4,942
Total ...	16,861

During the year midwives sent for medical help in domiciliary cases on 357 occasions.

Gas and Air Analgesia

All our midwives except two are trained to administer gas and air. During the year gas and air analgesia was employed in domiciliary midwifery or maternity by midwives to the extent of 996 cases. This figure shows a small increase from the previous year, and of course it has to be remembered that the figure of 996 out of 1,403 domiciliary confinements is not the end of the story, because in many cases classifiable as doctors' cases, the practitioners themselves administer the analgesia.

SECTION 24

Health Visiting

At the end of the year the staff of whole-time health visitors amounted to 20 including one vacancy. In the rural areas much of the health visiting is undertaken by 46 district nurses, 9 of whom hold the Health Visitor's Certificate. The remainder continue to be employed under a temporary arrangement from year to year by dispensation from the Ministry of Health.

During the year the staff mentioned above paid 28,947 visits to children under 1 year of age and 33,724 visits to children aged 1-5 years.

The work of the health visitor is expanding in other directions and indeed these figures only represent a small proportion of their work. There is a tendency to employ health visitors on more selective work, and I think the answer should be for individual health visitors to specialise in some definite branch, for example, mental health, problem families, tuberculosis, or health education, but still to retain a certain volume of routine health visiting. In practice an increasing amount of time is being devoted to the visiting of aged persons in their own homes, and this I feel is true health visiting where a nurse with special training is the best person to co-ordinate all the services which should be available for the elderly.

In the annual report for 1954 steps were described which had been taken in order to obtain more accurate information about the disabilities affecting children of school age and under school age. All health visitors were asked to complete a special report form when the circumstances of the case appeared to them to justify this—the wording at the head of the form indicated what these circumstances might be.

> "Special report on physically or mentally handicapped children including children who need or may need special educational provision, or are children neglected in their own homes or who, because of their housing conditions, or for other reasons, require further investigation".

The two following tables summarise the results of this survey in 1955. It would appear that the reporting through the normal channels on children aged 5-15 had previously been fairly full, but it does seem that as far as the 0-5 year group was concerned, all members of the staff did not perhaps realise the need to report cases of this type to the central health department as soon as they were discovered. This is particularly true of squints where of the 135 cases reported, 52 were previously known to the health department, but 83 were reported for the first time. This is important because so much can be done nowadays in the correction of squint and the prevention of amblyopia if cases are seen early by a consultant ophthalmologist.

SPECIAL REPORT FORMS SUBMITTED DURING 1955 ON PHYSICALLY AND MENTALLY HANDICAPPED PERSONS.

	Physically Handicapped.										Mentally Handicapped.			
	Squints.	Blind or Partially Sighted.	Other Eye Conditions.	Deaf or Partially Deaf.	Speech Defects.	Orthopaedic Conditions	Heart Conditions.	Bronchiectasis, Asthma and T.B. Contacts.	Other Conditions.	Spastic.	Mongols.	Mentally Defective and Backward.	Epileptic.	Hydrocephalic.
0—5 Years Previously known to Health Department	52	2	3	2	3	54	1	1	6	3	3	12	3	1
Reported for first time ...	83	2	9	—	8	44	12	5	46	4	8	15	—	1
5—15 Years Previously known to Health Department	2	—	—	2	3	24	7	7	6	6	3	15	8	—
Reported for first time ...	—	—	—	—	3	—	—	—	5	—	—	2	3	—
15—60 Years Old Cases known to Health Department	—	—	—	—	—	—	—	—	—	—	—	5	—	—
TOTALS	137	4	12	4	17	122	20	13	63	13	14	49	14	2

TOTAL 484

Summary of Special Report Forms submitted on Problem Families during 1955

Problem Families.

	No. of Families reported.	No. of children involved 0-5 years.	5-15 years.
Cases previously reported to Health Department	10	28	14
Cases reported for first time ...	5	12	5
Housing Problem—			
Reported for first time	1	3	—
Housing and Tuberculosis—			
Case known to Health Department	1	2	2
Rat Infested House—			
Reported for first time	1	4	—

SECTION 25

Home Nursing

At 31st December, 1955, there were employed 52 Queen's or State Registered Nurses, 24 State Enrolled Assistant Nurses, all with the exception of one being State Certified Midwives.

	No. of cases nursed.	
Medical	5,371	
Surgical	2,575	
Tuberculosis	316	
Infectious diseases	28	
Maternal complications	71	
Others	30	
	8,391	
Number of nursing visits paid	133,758	
Number of casual visits paid	4,782	
		138,540

The number of cases attended in 1955 was 8,391, and the total number of visits, excluding casual visits paid, was 133,758. It is, I think, of interest to compare the home nursing figures for 1955 with those of 1953 and 1954.

No. of cases nursed.

	1953	1954	1955
Medical	4,843	5,218	5,371
Surgical	3,130	2,772	2.575
Infectious diseases ...	57	61	28
Tuberculosis	403	317	316
Maternal complications	142	87	71
Others	32	27	30
	8,607	8,482	8,391

No. of Nursing Visits to above cases.

	1953	1954	1955
Medical	83,061	86,832	87,983
Surgical	40,651	35,852	35.962
Infectious diseases ...	387	498	581
Tuberculosis	10,605	8,338	8,859
Maternal complications	1,101	792	161
Others	285	168	212
Casual visits	4,943	5,005	4,782
	141,033	137,485	138,540

	1953	1954	1955
No. of nursing visits to patients over the age of 65 years ..	49,294	59,256	63,570
No. of nursing visits to children under the age of 5 years ...	8,676	7,259	4,883

When the 1955 figures are examined more carefully, as shown in the table below, the trend in the type of work which home nurses are being called upon to do becomes clear.

1 45.88%, that is nearly one-half of all nursing visits were made to persons over the age of 65 years, although the number of cases nursed was only 29.61%. An average of 25.5 visits were made to each such case.

2 The number of children nursed under 5 years of age accounted for 9.30% of the total with 3.53% of all nursing visits. An average number of 6.2 visits were made to each child.

3 To each remaining case an average of 3.58 nursing visits were made. These visits, together with casual visits accounted for 16.72% of the total nursing visits.

4 The number of injections given accounted for one-third of all the nursing visits.

HOME NURSING — CASES NURSED AND TOTAL NURSING VISITS PAID

		Percentage of total cases nursed
No. of cases nursed over 65 years of age:—		
Acute ... 930)		
Chronic ... 1,385)	2,485	29.31
Cancer ... 170)		
No. of children nursed under 5 years of age	781	9.30
No. of cases of cancer nursed, age under 65 years	99	1.18
Remaining cases	5,026	59.91
Totals ...	8,391	100%

		Percentage of total nursing visits paid
Total number of nursing visits to persons over 65 years of age ...	63,570	45.88
Total number of nursing visits to children under 5 years of age ...	4,883	3.53
Injections:—		
Streptomycin 8,206)	46,926	33.87
Insulin ... 9,449)		
Others ... 16,339)		
Penicillin ... 12,932)		
Remaining visits	18,379)	16.72
Casual visits	4,782)	
Totals ...	138,540	100%

A pleasing development in the home nursing service during 1955 was increased co-operation with the East and West Cumberland Hospital Management Committees in the nursing of chronic sick patients. These patients are referred for admission to hospital by the general practitioners, but until such time as beds are available the case is referred for home nursing. In many cases the district nurse may already be attending but she is asked in every case to send in a report on the social conditions and the urgency of the case from the nursing point of view. One hundred and forty-eight of these cases were referred during 1955.

Patients discharged from hospital and requiring nursing attention are referred for home nursing without any delay and the general practitioner notified.

Housing

At the end of 1955 the houses occupied by district nurse midwives were as follows :—

Houses built by the County Council with garage and surgery	9
Houses bought from the District Associations ...	8
Houses built by the North Eastern Housing Association which are to be purchased by the County Council	6
Houses rented—North Eastern Housing Association	8
Local Housing Authorities	9
Hospital Management Committee, but vacated 9th September, 1955	1
Private owner, but vacated 10th September, 1955	1

At the end of the year work was in progress upon the houses at Dalston, Crosby-on-Eden, Threlkeld and Whitehaven (Valley Estate).

Building of a house at Langwathby and at Lamplugh should commence during 1956.

Further houses are contemplated at :—

Bransty	Hayton
Longtown	Scotby
Dearham	Brigham
Kirkbride	Greystoke
Workington	Millom

The question of amalgamation of nursing districts wherever practicable is one which I have very much in mind. The authority is at present building a house at Langwathby with the object of amalgamating the nursing districts of Culgaith and Langwathby, and I hope in the near future to carry out a comprehensive

review of the nursing districts in the county with a view to amalgamating districts wherever possible with the object of planning for the building of houses suitable for occupation by two district nurses. These nurses would, from such a house centrally situated, be able to nurse the two adjoining districts with I think considerable advantage, both to themselves, and to the community they serve.

An interesting review of the work and problems of the district nurse was carried out last year in Sheffield, and it seems to me that the figures set out in this section do underline the truth of a statement made at the end of the survey that "District nursing requires willingness to work under difficult conditions, together with a high standard of training which can overcome grave physical and social difficulties." It is then surely important that we should endeavour to find new ways in which to ease the load upon the district nurse.

SECTION 26

Immunisation and Vaccination

(a) Diphtheria Immunisation.

The number of children immunised during the year under school age was 2,153. The number of school children receiving either primary or reinforcing injections was 7,265. In addition 45 pre-school children received reinforcing injections, so that we arrive at a total of 9,463 immunisations, primary or reinforcing, during the year. This figure of 9,463 immunisations includes 1,731 reports received from general practitioners in respect of children immunised privately, the majority of these being children under school age.

The following table shows the trend in respect of immunisation in this county, including both the primary and reinforcing injections for the past 10 years :—

1955	9,463
1954	6,880
1953	6,658
1952	8,915
1951	6,489
1950	7,161
1949	10,409
1948	7,235
1947	5,491
1946	7,318

That this service is more than justified is shown in a recent circular (4/56) issued by the Ministry relating to diphtheria in England and Wales from which the following comparisons at the two extremes of a 10 year period can be drawn :—

	1945	1955
Notifications of diphtheria ...	18,596	156
Deaths	722	11

It is pointed out that the figures for 1955 are at the time of writing provisional.

At the end of 1955 our percentage figures of children regarded as fully immunised were as follows :—

Under 5 years	49%
Five up to 15 years	74%

I should like to place on record my gratitude for the co-operation of the head teachers of the county schools in this matter, and in the rural areas where the head teachers have allowed us to bring into school for immunisation children under school age, which has proved of the greatest value. Since 1949 there have been no notifications of diphtheria and no deaths from the disease in Cumberland.

(b) Smallpox Vaccination

Vaccination is carried out by the general practitioners in the county who have agreed to undertake this service and is not undertaken by the medical staff of the authority. During 1955 1,288 record cards were received from practitioners in respect of successful primary vaccinations and 196 cards in respect of re-vaccinations. Of the 1,288 primary vaccinations, 1,082 referred to infants under 12 months. These figures, relative to the Registrar General's estimated population figures, give a percentage figure for successful primary infant vaccinations of 31%. This figure of 31% compares favourably with the 1954 figure of 26%. The figure for 1955 for England and Wales was 36.4%, an improvement on the rate of 34.5% for 1954, but it must be remembered that for adequate protection of the population against smallpox, at least 75% of infants should be vaccinated, so the improvement in the Cumberland figures, although gratifying, can give no cause for complacency, and it is most important that steps should be taken to increase this figure and if possible to double it in the future.

SECTION 27

Ambulance and Sitting Case Car Service

No material administrative change has taken place in this service during the year. The statistical table which follows compares the essential items—numbers of journeys, patients carried, total mileage, as affecting the three sections of the transport service (ambulances, sitting case cars, and hospital car service) —with the figures to 31st March, 1956.

Three new ambulances were purchased during the year, one being a replacement for Penrith, one replacement for Whitehaven and district, and a utility vehicle added to the Millom service; one worn-out ambulance was disposed of. One new utility vehicle is to be purchased during the next financial year which will be additional to the Carlisle and district service.

The number of ambulances in regular use is twenty—five are in reserve and five have been transferred to Civil Defence. In August, 1955, the County Council purchased the four vehicles previously owned by a contractor under contract to the Council for the operation of the service in Whitehaven and district.

	AMBULANCES			SITTING CASE CARS			HOSPITAL CAR SERVICE			SUMMARY OF ALL SERVICES		
	Total No. of Journeys	Total No. of Pats. Carried	Total Mileage	Total No. of Journeys	Total No. of Pats. Carried	Total Mileage.	Total No. of Journeys	Total No. of Pats. Carried	Total Mileage	Total No. of Journeys	Total No. of Pats. Carried	Total Mileage
Totals for year ended 31st March, 1955 ...	8,158	24,105	254,644	15,833	46,741	392,250	1,731	4,344	64,087	25,722	75,190	710,981
Totals for year ended 31st March, 1956 ...	*7,866	*24,958	*247,842	16,700	50,673	411,417	1,465	3,531	77,557	26,031	79,162	736,816
Increase for year ended 31st March, 1956, compared with 1954/55 ...	——	853	——	867	3,932	19,167	——	——	13,470	309	3,972	25,835
Decrease for year ended 31st March, 1956 compared with 1954/55 ...	292	——	6,802	——	——	——	266	813	——	——	——	——

(Excluding journeys undertaken by other local Health Authorities)

*Includes 236 journeys, 1,142 patients and 2,478 miles for the conveyance of children to occupation centres.

FINANCIAL POSITION

I am indebted to the County Treasurer for the statement of costs which follows:—

Note by County Treasurer.

a. The figures which follow relate solely to vehicles owned by the County Council or operated on their behalf:—

b. **Mileage and number of patients carried viz.:—**

	1955/56	1954/55	
Ambulances (including dual purpose vehicles)			
Mileage	247,842	254,644	i.e., a decrease of 6,802 miles.
No. of patients carried	24,958	24,105	i.e., an increase of 853 patients.
Sitting Case Cars			
Mileage	488,974	456,337	i.e., an increase of 32,637 miles.
No. of patients carried	54,204	51,085	i.e., an increase of 3,119 patients.
Total—			
Mileage	736,816	710,981	i.e., an increase of 25,835 miles.
No. of patients carried	79,162	75,190	i.e., an increase of 3,972 patients

c. **Cost**—including administration, depreciation and interest on vehicles—subject to recoveries from other county and county borough councils and subject to Ministry grant under the National Health Service Acts:—

	1955/56 Costs.			1954/55 Costs.		
	Amount	Per patient carried.	Per mile.	Per mile.	Per patient carried.	Amount
	£	s. d.	s. d.	s. d.	s. d.	£
Ambulances (including dual purpose vehicles) ...	25,043	20 1	2 0	1 9	18 7	22,435
Sitting case cars	26,294	9 8	1 1	1 1	9 7	24,410
TOTAL	£51,337	13 0	1 5	1 4	12 6	£46,845

Points from the table are:—

1 **Expenditure**—In total, the amount increased by £4,492, i.e., from £46,845 (1954/55) to £51,337 (1955/56). The increase affects ambulances and sitting case cars.

	Ambulances (including dual purpose vehicles).	Sitting Case Cars.	Whole Service.
2 **Cost per mile**— 1955/56 compared with 1954/55)	Increase of 3d. to 2/-.	Same at 1/1.	Small increase of 1d. to 1/5d.
3 **Cost per patient carried** 1955/56 compared with 1954/55	Increase of 1/6d. to 20/1d.	Increase of 1d. to 9/8d.	Increase of 6d. to 13/-

d. **Number of vehicles at 31st March, 1956—all county owned.**

21 Ambulances and 4 Dual Purpose vehicles.
5 Ambulances transferred to Civil Defence.

SECTION 28

Prevention of Illness, Care and After-Care

Tuberculosis.

In the matter of tuberculosis, which provides one of the most fruitful fields for preventive medicine, there is close co-operation with the consultant chest physicians in East and West Cumberland, and two health visitors in West Cumberland have been seconded half time to chest centre work proper, and the other half of their time is devoted to domiciliary visiting almost entirely in connection with the chest centre work, and in co-operation with the chest physicians.

The reports from the chest physicians in East and West Cumberland are set out in detail later in this report on pages 81 and 115.

B.C.G. Vaccination of Contacts.

At the chest centres a considerable amount of B.C.G. vaccination of contacts of tuberculous cases and of nurses has been undertaken. The figures for 1955 are :—

Contacts	792
Nurses	25

B.C.G. Vaccination of 13 year old Children.

In 1955 with the approval of the Ministry of Health, Mantoux Testing and B.C.G. vaccination where necessary were offered to all school children in their fourteenth year, in the county. This involved 2802 children, and the acceptance rate was 80%, which, bearing in mind that some of the non-acceptors would have had B.C.G. under the contact scheme, may be considered quite a satisfactory response. Tests were actually completed on 2,190 children which represents 78.5% of the school child population in respect of whom the offer was made. Of these, 667 (30%) gave a "positive" reaction, showing that they had at some time been exposed to tuberculous infection. Negative reactors numbered 1,523 (60%) and 1,510 of these were given B.C.G. vaccination. Some eight weeks after vaccination a post-B.C.G. Mantoux Test was carried out, and it was found that at this stage 98% of the

children showed tuberculin conversion so it should be possible without risk to discontinue this test, and to postpone the post-vaccination test until the following year when it can be carried out at the same time as the pre-vaccination test for the next year age group.

Survey of Tuberculin Sensitivity.

In the autumn of 1954 a tuberculin survey of infant school children was carried out in selected areas in the county. This survey was reported fully in the last annual report. It is of interest to compare the figures in that survey with those found in 13 year old children when they were tested prior to B.C.G. The following table allows comparison between the different districts in the county.

Area	13-year-old children (born 1941)—Tested 1955. No. Tested	No. Positive	% Positive.	Entrants (5/6 year-old) (Tested Autumn, 1954) No. Tested	No. Positive.	% Positive
Alston	26	3	**11.5** ...			
Border	222	40	**18** ...	140	11	**7.8**
Wigton	224	62	**27.7** ...	290	13	**4.5**
Keswick	101	10	**9.9** ...	98	12	**12.2**
Penrith U.D. ...	133	30	**22.6** ...	274	21	**7.7**
Penrith R.D. ...	60	9	**15** ...			
TOTAL—EAST CUMBERLAND	766	154	**20.1** ...	802	57	**7.1**
Maryport	119	42	**35.2** ...	400	43	**10.8**
Workington ...	414	141	**34.1** ...	686	42	**6.1**
Whitehaven	414	145	**35** ...	665	77	**11.6**
Ennerdale R.D.	209	81	**38.8** ...	450	75	**16.7**
Cockermouth ...	136	48	**35.3** ...			
Millom	132	56	**42.4** ...			
TOTAL—WEST CUMBERLAND	1,424	513	**36** ...	2,201	237	**10.8**
GRAND TOTAL	2,190	667	**30.4** ...	3,003	294	**9.8**

Both these surveys confirmed the high incidence of pulmonary tuberculosis which had been previously noted in the Ennerdale Rural District, and in particular in the areas of Arlecdon, Frizington, Cleator Moor and Egremont, where the death rate for tuberculosis had been found to be much higher than in any other part

of the county. The County Health Committee is anxious that a joint effort should be made by the local health authority and the Ennerdale Rural District Council to carry out an intensive campaign against the disease in the Ennerdale Rural District. Both authorities realise the necessity for an intensive local campaign and this will be planned in due course when the vacant "mixed appointment" is filled, which will mean that the Ennerdale Rural District Council will have for the first time a medical officer of health who is also assistant county medical officer in that area.

I should like for a moment to tread gingerly on the dangerous ground of national policy. Public health medical officers and others have often deplored the manner in which the tuberculosis service has been split by the National Health Service Act, 1946, between local authorities and regional hospital boards. There is no doubt that money has been made more readily available by the boards in many areas for improved hospital services, treatment, mass radiography and the like than was possible in the past under local authority arrangements, **but** prevention of tuberculosis has always been, is, and will be in the future, a problem of public health and preventive medicine and essentially a local problem at that. Co-operation is always stressed and is often present as in Cumberland to a surprising degree but if any real degree of success is to be achieved there must be more than co-operation. We must have **co-ordination** of these allied services **locally**, and I, with many of my colleagues, think that the co-ordinator must belong to the public health service, and wherever possible in a county he should be the man who is nearest to the people in their homes and factories, that is the county district medical officer of health who holds a mixed appointment with the local health authority.

Other Types of Illness.

Rh. Factor and Wassermann Testing.

The county scheme for taking of blood samples from expectant mothers which has been described fully in recent reports continues.

In 1955 the number of blood samples submitted for test was 668, which still represents rather less than half of the domiciliary confinements during the year.

One feels therefore that there is scope for a further development of this service, which is of undoubted value. Wassermann tests were carried out on the 668 samples and a positive result was obtained in 4 cases.

Convalescent Treatment.

The number of patients sent for convalescent treatment at the request of general practitioners during the year amunted to 20, as follows :—

Silloth Convalescent Home	17
Shoreston Hall, Seahouses, Newcastle	1
Infield, Barrow	1
Boarbank, Grange-over-Sands	1
	20

ORTHOPAEDIC TREATMENT

General Statistics

Number on aftercare register, 1/1/55	756
New cases during 1955	198
New cases notified for physiotherapist only ...	38
Cases re-notified after previous discharge ...	1
Number of cases removed from register ...	371
Number remaining on register at 31/12/55 ...	622
Number of attendances at surgeons' clinics ...	635
Number of attendances at aftercare clinics ...	1,516
X-ray examinations during 1955	95
Waiting for X-ray	59
Home Visits	342
Plasters applied	70
Surgical boots and appliances supplied (including insoles)	154

Orthopaedic Conditions Affecting Children under Five Years of Age.

Bow legs and knock knee	201
Flat foot	82
Congenital defects of feet and otherwise ...	48
Poliomyelitis	7
Torticollis	7
Cerebral palsy	10
Congenital dislocation of the hip	5
Birth palsy	4
Scoliosis, lordosis and kyphosis	1
Postural defects, feet and otherwise	6
Injuries including fractures	1
Hallux valgus and deformed toes	2
Pseudocoxalgia	1
Spina bifida	2
Other conditions	28
	405

Tuberculosis of Bones and Joints.

	Adults	School Children	Under 5 years.
Totals	74 ...	26 ...	—

Adult Non-Tubercular Cases

Poliomyelitis	21
Arthritis	11
Scoliosis, lordosis and kyphosis	14
Congenital dislocation of the hip	14
Slipped ephiphysis	1
Flat foot	5
Osteomyelitis	9
Vertebral disc protrusion	21
Hallux valgus and deformed toes	7
Injuries including fractures	15
Cerebral palsy	8
Congenital defects	1
Postural defects, feet and otherwise	9
Synovitis and other joint conditions	1
Spina bifida	2
Other conditions	4
	143

Hospital Admissions

Name of Hospital.	In hospital at 1/1/55.	Admitted during the year.	Discharged.	In at 31/12/55.
Ethel Hedley Hospital, Windermere (including school children).	12 ...	41 ...	38 ...	15
Shropshire Orthopaedic Hospital, Oswestry (in addition to these long stay cases 15 patients were admitted and discharged after short-term review).	1 ...	3 ...	3 ...	1
Cumberland Infirmary and City General Hospital, Carlisle (including school children).	— ...	28 ...	27 ...	1

The above figures refer only to patients admitted to hospital from our county clinic waiting list. I have no information about other admissions or waiting lists.

As the preceding figures show, there has been no appreciable difference in the work of the orthopaedic clinics during the year. On the whole the attendance has been reasonably good, and the co-operation of parents and the interest shown by them in treatment and advice has improved. This is particularly so in connection with the younger age groups. The older children, i.e., 12 to 15, referred for potsural defects, are frequently sent to keep their appointments on their own which is disappointing, as unless the child really shows an interest, which is not often the case, very little is achieved, and even though many of these milder cases of flat feet and poor posture in West Cumberland are seen once at the clinic, and then referred to the physical training organiser for inclusion in school posture classes, it makes a lot of difference to have the parents' co-operation in the first place.

Dr. Ellis, Medical Superintendent of the Percy Hedley School for Cerebral Palsy, saw another group of children in June, and in the autumn two severely handicapped children were admitted to the school, and four others attended the clinic adjoining the school for four-day periods for observation, advice about home treatment, etc., and this is being repeated at three-monthly intervals. I am hoping that when the orthopaedic clinics are again fully staffed, we shall be able to follow up these sessions in Newcastle by more regular and frequent visits to the spastic children in the county both to see their exercises and form a link with the Percy Hedley School over the progress at home of each child and general home conditions.

PREVENTION OF BLINDNESS AND CARE AND AFTER-CARE OF BLIND OR PARTIALLY SIGHTED PERSONS

The welfare of the blind is dealt with each year in detail by the County Welfare Officer in his section of this report. No material change has taken place over the past year.

The following table which follows the lines desired by the Ministry shows the position in the county for 1955 :—

A. Follow-up of Registered Blind and Partially Sighted Persons.

	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(i) Number of cases Registered during the year in respect of which para 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ...	17	5	—	30
(b) Treatment (medical surgical or optical) ...	29	8	—	12
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	11	4	—	5

B. Ophthalmia Neonatorum.

(i) Total number of cases notified during the year ...	1
(ii) Number of cases in which:—	
(a) Vision lost ... ...)	
(b) Vision impaired ... ...)	Nil.
(c) Treatment continuing at end of year ...)	

VENEREAL DISEASES

I am indebted to Dr. H. J. Bell, Consultant Venereologist for the figures which are shown in the following table.

Year.	Early V.D. Infections. Carlisle.	Whitehaven	Total Attendances. Carlisle.	Whitehaven.
1945	156	53	5,181	2,304
1946	201	81	5,274	1,821
1947	139	38	3,764	1,362
1948	94	28	3,473	944
1949	69	44	3,212	995
1950	47	48	3,089	1,396
1951	43	9	2,436	1,141
1952	29	8	2,081	870
1953	19	7	1,924	976
1954	23	13	1,461	619
1955	21	13	1,202	641

In the matter of contact tracing in connection with venereal disease, we continue to co-operate with the Consultant Venereologist. The incidence of venereal disease is of course definitely falling in this county and the number of visits paid by our nurses in this connection has therefore shown a substantial fall.

CANCER

Deaths from cancer during the year amounted to 410. Details of these deaths by age groups and sanitary districts are given below.

Cancer Deaths during 1955—By Sanitary Districts

	Males	Females	Total 1955	1954
Urban Districts:				
Cockermouth	3	7	10	(11)
Keswick	3	8	11	(10)
Maryport	10	6	16	(22)
Penrith	12	11	23	(13)
Whitehaven	21	28	49	(34)
Workington	34	32	66	(65)
Aggregate of Urban Districts	83	92	175	(155)
Rural Districts—				
Alston	3	4	7	(6)
Border	29	19	48	(48)
Cockermouth	17	15	32	(23)
Ennerdale	33	27	60	(44)
Millom	8	13	21	(21)
Penrith	9	14	23	(17)
Wigton	22	22	44	(40)
Aggregate of Rural Districts	121	114	235	(199)
Whole County	204	206	410	(354)

Cancer Deaths during 1955—By Age Groups.

(The figures in parenthesis are those for 1954)

	0-45		45-65		65+		All Ages 1954		Totals 1955	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Urban Districts ...	4	7	34	34	45	51	(80	75)	83	92
Rural Districts ...	7	9	38	41	76	64	(97	102)	121	114
Whole County ...	11	16	72	75	121	115	(177	177)	204	206
	27		147		236		(354)		410	

I have referred to the question of cancer in the opening letter to this report. There has been a good deal of interest in this subject in recent years both in the medical and lay press, and it does now seem that there is indeed a real rather than merely an apparent increase in the incidence of certain types of cancer. I hope in future reports to study in more detail this subject which I believe to be one particularly suited to investigation by the public health service.

HEALTH EDUCATION

The authority in connection with its arrangements under Section 28, seeks to develop health education by all appropriate means. Some of these means are hard to define—the best method of health education I feel certain is that which is disseminated by all members of the staff of a health department as they carry out their normal routine work. In addition to this everyday health education as it were, a certain amount of formal education was undertaken as follows.

A total of 191 lectures and demonstrations were given during the year by the administrative, health visiting and nursing staff to groups of women attending ante-natal and infant welfare clinics, as well as to Women's Institutes, the British Red Cross Society and St. John Ambulance Brigade personnel, and to other organisations. A second film strip apparatus and a further supply of film strips were bought during the year making an apparatus available for the use of the staff both in East and West Cumberland.

On November 7th and 8th Dr. W. Emrys Davies, Education Officer for the Central Council for Health Education, gave a two day course at the Park Lane Clinic, Workington, on "Visual Aids and their construction, Public Speaking and Group Leadership." It was arranged for a group of 30 health visitors and district nurses to attend the complete course, which gave many a new angle on health education and was very much appreciated.

A programme for health teaching must necessarily include various groups in the community, such as the expectant mother and her husband, parents with young children, the school child and young adult, women attending Women's Institutes and similar organisations, and others. During 1956 it is hoped to give more thought to organising small numbers of expectant mothers for group teaching at ante-natal clinics. The course of lectures and discussions for this group includes subjects such as nutrition, breast feeding, clothes for the mother and baby, minor ailments during pregnancy, breathing control and relaxation, the physiology of pregnancy, labour and analgesics.

PREVENTION OF BREAK-UP OF FAMILIES

On July 31st, 1950, a Joint Circular was issued to all local authorities from the Home Office, the Ministry of Health and the Ministry of Education, concerning children neglected or ill-treated in their own homes. This circular stressed the importance of improved co-ordination between all satutory and voluntary services so that more effective use could be made of existing resources in preventing child neglect and ill-treatment. As a result of the circular the Children's Officer in Cumberland was appointed as designated officer, her chief duty being to secure the full co-operation of all the services concerned with the welfare of children, to arrange for all significant cases of child neglect or ill-treatment to be brought to her notice, and to hold meetings of representatives of all the services concerned. In the first place it was necessary to compile a register of all problem families or border-line cases already known to the various social workers and to correlate the available information. Almost every problem family in the county was known to the

health visitors, whose work brings them into close contact with any such family, and whose duty it is to pay home visits to households where there are children under the age of five years, these visits being of an educational and supervisory nature. All school children are seen by the health visitors acting as school nurses, either at the regular hygiene inspection or at school medical inspections with the school medical officers. Special cases are brought to the notice of the health visitors by head teachers. Where necessary, visits are made to homes of certain children whose condition, physical or mental, causes any concern.

The designated officer has, since 1950, called regular meetings of representatives of the various services, which include the Children's Department, Health Department, Education Department, Welfare Services, Housing and Local Sanitary Department, Mental Health, Moral Welfare, Probation Service, National Assistance Board, the N.S.P.C.C., Women's Voluntary Services and others. Four meetings are held during the year, two in Whitehaven for the West, and two in Carlisle for the East of Cumberland. Reports on each case to be discussed are sent to the designated officer from the social worker more particularly concerned with each case, and always from the health visitor. The case is brought before the committee for discussion and a conclusion reached as to what type of help or supervision is likely to be most effective for that family.

A number of the families brought to the notice of the designated officer do not present insoluble problems. Some are border-line cases, which, without immediate effective help or supervision, may quickly deteriorate with consequent suffering and neglect to the children. Some cases are those families who have always been well-known to the Health Department and to all the other services, and present a picture of the typical problem family. Poverty is no longer the main problem, but many of the families brought to the notice of the committee require re-housing. Some have been re-housed, others do not find favour with the Housing Departments, either because of constant arrears of rent or because of their reputation as bad tenants. A few families who have been re-housed have shown such marked improvement that the case

has been closed by the committee, supervision being left entirely to the health visitor. Cases of actual physical ill-treatment of children have been rare. But in each case every possible action has been taken to prevent the break-up of the family and the removal of children from their parents.

On 16th October, 1952, the N.S.P.C.C. appointed one of their first woman visitors for work in Carlisle city and East Cumberland. Her main task is to work in the homes of a number of the worst type of family, where every other attempt to effect an improvement has failed. The visitor works with the mother and father in the home, cleaning and decorating and making the home a more fit place for the children, at the same time teaching the art of household management, budgetting, shopping, cooking, making clothes for the children, and educating the parents in parentcraft. Sometimes it is arranged for the children to attend the child welfare clinic, or for the advice of the family doctor to be sought, but in all cases the visitor works in conjuuction with the health visitor and other social workers.

On 30th November, 1954, a second circular was issued to all local authorities by the Ministry of Health on "The prevention of the break-up of families." In this circular the Minister of Health said that he was greatly concerned at the bad effects on the health, especially the mental health of children which often followed the break-up of the family. Mention was made of the important role the health visitor played in recognising the early signs of failure in the family, and either by her own help and advice, or by calling in a specialised worker, the immediate difficulties might be overcome. The Minister asked what steps each local authority was making within the existing framework to mitigate this problem.

In Cumberland the home help service functions effectively through the Superintendent Nursing Officer, and in a number of cases it has been possible to place a home help in a household to tide the family over an emergency and to prevent the children having to be placed in the County Council children's homes. Usually such an emergency happens through the illness of the mother, who may remain in her own home or need to go into hospital, or arrangements may need

to be made for the care of children during the mother's confinement, either at home or in a maternity hospital.

In October, 1954, the N.S.P.C.C. appointed a second woman visitor for work in West Cumberland. A number of families in her care have shown some improvement, and in no case has further action had to be taken, apart from her constant supervision and help, and the statutory supervision of the health visitor.

During 1955, 61 families were brought before the neglected children's committee, eight of these being new cases which had not previously been brought to the notice of the designated officer. Eight cases were formally closed as far as this committee was concerned, supervision being left entirely to the health visitor. In four such cases re-housing had solved the main problem. In 12 cases housing constituted the main problem, and these families had not been re-housed by the end of 1955 for various reasons. In one or two cases the tenants owed constant arrears of rent. Other cases were referred to specialised workers in the Education Department, the Mental Health and Psychiatric Social Worker, the Probation Officer, and the Moral Welfare Worker.

The distribution of families being kept under observation by the Health Department during 1955 was:—

Rural Districts.		Urban Districts.	
Alston	1	Cockermouth ...	6
Border	17	Keswick	1
Cockermouth ...	5	Maryport	21
Ennerdale	23	Penrith	6
Millom	3	Whitehaven Borough	11
Wigton	4	Workington do. ...	18

Analysis of Cases brought before Neglected Children Committee during 1955.

	Maryport	Cockermouth R.D.	Wigton R.D.	Penrith R.D.	Border R.D.	Frizington	Cleator Moor	Egremont	Distington	Workington	Whitehaven	Millom
New Cases	4	4	2	2	15	6	—	3	1	6	7	3
Old Cases	—	1	—	—	3	1	1	—	—	1	1	—
Total	4	5	2	2	18	7	1	3	1	7	8	3
No. of cases referred to:—												
School Attendance Officer	—	—	—	1	—	—	—	—	—	1	3	—
Psychiatric Social Worker	—	—	—	—	—	—	—	—	—	—	1	—
Probation Officer ...	—	—	—	—	1	1	—	2	1	—	—	—
Mental Health Worker ..	—	—	—	—	—	—	—	—	—	—	2	—
Moral Welfare Worker ..	—	—	—	—	—	—	—	—	—	—	1	—
Health Visitor for Special Supervision ...	1	2	—	1	2	—	—	1	—	—	—	1
No. of family under Supervision of N.S.P.C.C. woman visitor	1	—	—	—	9	—	1	—	—	3	3	—
All the above cases are supervised by the Health Visitor and N.S.P.C.C. Inspector.												
No. of families requiring rehousing	—	2	—	—	6	1	—	—	—	1	1	1
No. of families rehoused ..	—	2	—	—	2	—	—	—	—	—	—	—
No. of children taken into care because of neglect	—	—	—	—	3	—	—	—	—	—	—	—

SECTION 29

Home Help Service

This service continues to work smoothly and efficiently. The Superintendent Nursing Officer is also the organiser of the home help service. By this arrangement the burden of administrative work can be shared with the Deputy and Assistant Superintendent Nursing Officers, and the district nurses are also brought closely into the picture.

The statistics for the year are as follows—the figures for 1954 are shown in parenthesis:—

Home Helps.

No. of persons who have been accepted and enrolled on the register:—		
Whole-time	51	(50)
Part-time	151	(150)
Mobile (Resident)	—	(1)
	202	(201)
Less persons resigned from service	20	(21)
No. on register at 31st December, 1955	182	(180)

Districts in which the home helps reside:—

Alston	10	(7)
Aspatria	15	(16)
Border Rural	35	(37)
Cockermouth	4	(4)
Ennerdale Rural	20	(19)
Keswick and Threlkeld	4	(1)
Maryport, Dearham and Gt. Broughton	15	(19)
Millom and District	6	(8)
Penrith and Penrith Rural	20	(18)
Silloth	11	(11)
Whitehaven, Distington and St. Bees	9	(11)
Workington	17	(11)
Wigton and Mealsgate	16	(18)
	182	(180)

Householders.

No. of applications received for home helps	487	(455)
No. cancelled or not supplied	203	(175)
No. of new cases helped	258	(265)
No. of cases on books 1st January, 1955	252	(236)
Cases pending	25	(36)

Analysis of cases helped:—		
Confinements	55	(79)
Tubercular cases	19	(16)
Old age and infirmity	230	(190)
Mental health	2	(3)
Cardiac	48	(45)
Blind	21	(13)
Cancer	2	(3)
Illness of long duration (cerebral haemorrhage, rheumatoid arthritic, etc.) ...	77	(85)
Illness of short duration (post-operative, influenza, etc.)	56	(67)
	510	(501)

In each area meetings of home helps are held at which problems are discussed. In addition visits have been paid as follows :—

To householders	1,114
home helps	660
Total	1,774

SECTION 51

Mental Health Service

1. ADMINISTRATION

The local health authority's duties so far as its mental health services are concerned remain under the immediate control of the Mental Health Sub-Committee of the Health Committee. This sub-committee comprises not only members of the Council, but also includes a number of co-opted members, who have special contributions to offer in the field of mental health. The Council's original proposals for its scheme under Section 51 of the National Health Service Act put forward the policy that it was undesirable to separate the mental health service into two watertight compartments under the National Health Service Act and the Education Act. This policy has worked out very well in practice by simplifying the administration, and by providing a continuity of service which would not otherwise have been possible.

The year under review has been virtually free of staffing changes. The only real shortage which can be reported is the fact that since January, West Cumberland had only the services of a part-time psychiatric

social worker, and numerous advertisements throughout the year failed to attract a candidate for full-time employment. We must, however, regard ourselves fortunate in having the services of a qualified P.S.W. even if only on a part-time basis. Mrs. Erskine (nee O'Regan) submitted her resignation as Mental Health Worker for East Cumberland towards the end of the year, but was still in employment at the end of the year, and there is little doubt but that the filling of this vacancy will prove extremely difficult.

The Ministry asks that the staff employed in the Mental Health Service be set out in detail as follows:

Certifying Officers (Mental Deficiency Acts, 1913-38): Dr. Fraser, Dr. Minto.

Approved Medical Officers	...	Dr. Fraser, Dr. Minto, Dr. Gallagher, Dr. Hunter, Dr. Jones, Dr. Patterson, Dr. Perrott, Dr. Thomson, *Dr. Ferguson, *Dr. Braithwaite, *Dr. Stuart.
Psychiatrists	...	Dr. Braithwaite, Dr. Ferguson, Dr. Stuart (all seconded from the Regional Hospital Board).
Mental Health Workers	...	Mrs. Erskine, Miss Hall.
Psychiatric Social Workers	...	(a) West Cumberland—Mrs. Campbell (part-time). (b) East Cumberland — Miss Lamb, seconded from the Special Area Committee in connection with the East Cumberland Child Guidance Centre.
Occupation Centre Supervisors	..	Miss Magee, Miss Story.
Occupation Centre Assistant Supervisors	...	Mrs. Eland, Miss Lister, Mrs. Sowerby.
Handicrafts Teacher		Miss Cooper.
Duly Authorised Officers	...	Mr. T. J. Archer, Mr. J. J. Brown, Mr. A. Corlett, Mr. W. H. Coulthard, Mr. J. Gibson, Miss J. Gibson, Mr. A. Glaister, Mr. J. H. Hocking, Mr. J. Housby, Mr. D. W. Jack, Mr. T. Johnston, Mr. J. D. Messenger, Mr. H. Sewell, Mr. W. J. Wilson.

*Approved for cases in connection with the child guidance centres.

2. WORK UNDERTAKEN IN THE COMMUNITY

(a) Under Section 28 National Health Service Act, 1946

Whilst the duties which are imposed on a local health authority by the Mental Deficiency Acts and by the Lunacy and Mental Treatment Acts are fairly strictly circumscribed by the legislation, its powers under Section 28 of the National Health Service Act give a much wider scope in that the law is less rigid in its phraseology. The simplicity of the wording of the section which reads "The local health authority *may,* with the approval of the Minister, and to the extent that the Minister may direct, *shall* make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness or the after-care of such persons" opens up a tremendous field of development and enables local health authorities to build up a service based on a positive attitude to mental health in the prevention of ill-health.

Whilst this wider franchise was welcomed by the local health authorities, very few can look back to the years which have elapsed since the passing of the National Health Service Act with much satisfaction in their achievements. Last year, comment was made that the general inadequacy of arrangements for the pre and after-care of the mentally sick was probably the weakest link in the mental health service. In Cumberland, we must be perfectly honest and report that the local health authority has been unable to implement Section 28 of the National Health Service Act, 1946 (at least so far as the mentally sick are concerned) for the simple reason that it has not been able to provide staff who are adequately trained for this purpose.

The facts are that a departmental committee (the Mackintosh Committee) appointed in July, 1948, to consider and make recommendations upon the questions arising in regard to the supply and demand, training and qualifications of social workers in the mental health service, produced its report which was presented to Parliament in June, 1951, and to date very few of its recommendations have been implemented, and it is true to say that the demand for adequately trained staff is greater than ever and the

supply smaller than ever before. Less than forty local health authorities in England and Wales have the services of a trained psychiatric social worker, and the supply of other mental health social workers falls far short of the demands for such workers. We are, therefore, faced with a growing public interest in mental health which is stimulated on the one hand by a more positive outlook on preventive health generally, and on the other hand by ever increasing difficulty in providing officers suitably trained to carry out mental health social obligations. These difficulties become even more acute in rural areas. Qualified staff can quite literally pick and choose where they will take up employment, and the more populous centres of population, which offer greater social amenities and professional contact than the rural areas without the discomfort occasioned by travelling under what may be difficult conditions, ultimately mean that the cities gain at the expense of the country districts.

Psychiatric out-patient clinics continue to be held at the three principal hospitals in the county by the Medical Superintendent of the Garlands Mental Hospital and his staff. The value of these clinics cannot be over-estimated as they provide means for early diagnosis and treatment of mental disorder, and frequently are able to prevent progression of a minor mental disturbance to the stage of a more serious mental illness. If and when the local health authority is able to secure the services of trained staff, I should hope that we shall be able to supplement this hospital service by domiciliary care in the patients' own homes.

The care and after-care of mental defectives in the community is a continuous service in which the mental health workers in the field play a major role, but the child guidance centres also offer a most important contribution which must not be over-looked.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930

The local health authority appoints "Duly Authorised Officers" to take initial proceedings in providing care and treatment for patients suffering from mental illness. The number of persons suffering from mental disorder who admit themselves volun-

tarily to the specialist mental hospitals continues to increase and is an indication of the more enlightened attitude towards illnesses of the mind. Only in those cases involving some statutory process are the services of the Duly Authorised Officers required, and since these officers in Cumberland are primarily engaged in other duties in connection with registration and welfare services, their work under these acts occupies only a very small proportion of their time. It is regrettable that geographical considerations make it almost impossible to appoint a much smaller number of whole-time Duty Authorised Officers, so that the persons appointed could be given more adequate training for the work and have a sufficiently large number of cases to make their primary function that of mental health, rather than having mental health duties which are so comparatively rare as to provide merely a rather irksome interruption of the officers' normal duties.

During the year, 430 patients were admitted from Cumberland to mental hospitals for treatment, and all but 22 of these entered the Garlands Hospital. Of the total admissions, 330 came within the voluntary category so that in only slightly more than 20% was a legal process of detention for treatment necessary.

A disturbing feature of the cases coming within the certified category is the increasing number of elderly patients admitted. In 1955, 44% of the certified patients admitted were over 60 years of age, and 22% were over 70 years at the time of admission.

(c) Under the Mental Deficiency Acts, 1913-1938

(i) ASCERTAINMENT

A total of 315 cases were referred to the Mental Health Section for some form of investigation and/or treatment during the year. Of these, 51 were ascertained as being defective within the meaning of the Mental Deficiency Acts, and all but one of these were "subject to be dealt with" as defectives. An analysis of the persons found to be mentally defective during the year reveals that 16 were reported by the Education Authority under Section 57 of the Education Act, 1944, as being incapable of receiving education at school, 20 others were reported under the same section as being considered to require supervision after leav-

ing either ordinary schools or special schools for the educationally sub-normal, three were referred either by the police or through the courts and 11 from other sources.

In addition to those found mentally defective, 85 children were referred because of behaviour disorders or maladjustment, to child guidance centres for further investigation and treatment and 81 school children were officially reported as " educationally sub-normal " to the Education Authority and recommended for some form of special educational treatment either in special schools or special classes following formal examination under Section 34 of the Education Act, 1944.

(ii) SUPERVISION

The total number of defectives for whom the County Council was responsible at the end of the year was 651 (by comparison with 618 at the end of 1954). Of these, 300 were under some form of supervision in their own homes, the remainder being under institutional care. It is interesting to compare the ascertained incidence of mental deficiency in Cumberland with that of England and Wales as a whole. If we look at the figures for Cumberland, it is found that the total ascertained cases number 651 which represents 3.00 per 1,000 of the population, the corresponding figure for England and Wales being 3.11 per 1,000 of the population. Whilst the ascertained incidence of deficiency in Cumberland is slightly below the national level, the number of defectives " subject to be dealt with " in Cumberland is higher than the corresponding figure for England and Wales as a whole (2.85 per 1,000 in Cumberland by comparison with 2.74 per 1,000 for England and Wales).

The total case load of defectives living in private homes and supervised by the mental health staff continues to increase as a result of continuing activity in the field of ascertainment. By the end of 1955, 300 cases were under domiciliary supervision of some form or another, and it is significant to note that of these 217 were under statutory supervision, the corresponding figure for 1948 (when the present mental health service was established) being 99. These two figures in themselves do not reflect the true position of the work done

in ascertainment because in the meantime, largely because of a temporarly increase in the number of hospital beds available, a very considerable number of patients, who would otherwise have remained under statutory supervision, have by now been admitted to institutional care. The principal function of the mental health worker in the field is to ensure that the supervision, care and control exercised over a defective in his or her home, provides sufficient protection both for the defective and for the public at large. It is the local health authority's duty if supervision at the home proves inadequate, to arrange for the admission of the defective either to institutoinal care or to guardianship. Because of continuing difficulties in the matter or hospital accommodation and the extreme difficulty of finding persons who are suitable for appointment as, and willing to accept the position of, guardian to a defective, the mental health worker not infrequently has to direct her efforts towards making a quite unsuitable domestic supervision at least tolerable. This frustrating outlook on the mental health worker's duties, however, is lightened to some extent by the comparative ease by which temporary care for defectives is available at Dovenby Hall Hospital under the scheme which was introduced by the Ministry of Health in January, 1952.

This circular authorises the admission of patients to hospital care for temporary periods not normally exceeding eight weeks, to cover domestic crises, etc., without any legal formalities. I cannot speak too highly of the co-operation which we have received from the Medical Superintendent of Dovenby Hall Hospital in this respect. During 1955, 21 domiciliary cases were admitted to Dovenby Hall Hospital under these short term care arrangements—in 9 cases to give parents some relief from caring for a low-grade or hyper-active defective, in 4 cases because of the confinement or illness of the mother, in 3 cases for physical or mental observation, in 3 cases for some specific form of treatment (dental treatment or stabilisation of epilepsy) and in 2 cases pending presentation of a petition for an Order for a more permanent form of detention. The total number of in-patient days under this scheme was 943, so that the average length of stay was just less than 45 days per patient. The longest

single stay in Dovenby Hall lasted 161 days, this being a hyper-active child of idiot grade who was waiting until a permanent bed became available, and the shortest stay was one of two days being a recovery period following extensive dental treatment in Dovenby. It is quite evident that in Cumberland we are singularly fortunate in having these facilities so comparatively readily available for the short term care of defectives in hospital. We are now able to compare the use of this scheme in Cumberland with its use throughout England and Wales. Figures available for the first time this year indicate that in England and Wales during 1954, a total of 2,150 cases were transferred from homes to temporary care in hospitals under this scheme, and with a total defective domiciliary population of 77,313, this represents 28 cases per 1,000 defectives. Comparative figures for Cumberland (during 1954) were 28 defectives admitted during the year out of a defective population of 278, representing almost 101 per 1,000 defective population. Very broadly, therefore, we can say, largely due to the co-operation of Dr. Ferguson at Dovenby, we are able to use this very valuable provision to an extent between three and four times as much as is general throughout England and Wales as a whole.

(iii) GUARDIANSHIP

No case was newly admitted to guardianship during 1955 and one patient who had been under her mother's guardianship for many years was transferred to institutional care because her mother was very old and no longer able adequately to care for the patient. At the end of the year, therefore, the total number of patients under guardianship was 47, being one less than the corresponding figure for the previous year. All but four of these guardianship cases were over 16 years of age. In the case of the juvenile defectives the Local Health Authority makes a small weekly grant towards maintenance and a quarterly payment to assist with clothing.

Comment has been made in previous reports that the guardianship provision is falling into disuse, mainly because of changes in circumstances which have arisen since the Mental Deficiency Act of 1913 was drafted. Very briefly, the situation as regards guardian-

ship can be outlined by saying that this provision is very useful in a comparatively small percentage of the total cases and that it is virtually impossible to find persons who are suitable for appointment as guardians and who are willing to take on the responsibilities entailed in that office. Another deterrent is the fact that hospital accommodation for mental defectives is still very inadequate for the total needs, and to be successful a scheme of guardianship must provide for easy transfer of the patient to hospital care, sometimes at very short notice in cases of the illness of the guardian, illness or deterioration in the defective and in certain other circumstances.

(iv) OCCUPATION AND TRAINING

Local Health Authorties have a duty imposed by the Mental Deficiency Act " to provide suitable train- or occupation for defectives who are under supervision or guardianship " unless they satisfy the Board of Control that there are adequate reasons for not so doing. Of the three principal ways in which local health authorities attempt to carry out this duty we have in Cumberland only established full-time day training centres at Whitehaven and Wigton, which are referred to as " Occupation Centres." It has not been found practicable to establish training for older defectives in industrial centres because in no part of the County is there sufficient demand for the establishment of such a centre. The home teaching of defectives who for physical reasons cannot attend the day training centres, or who live too far away from the present centres, has been given a trial but has not proved to be satisfactory.

I think it will be generally acknowledged that the training of juvenile defectives in full-time training centres is by far the most successful of the three accepted methods. Our two whole-time centres continue to do most valuable work, and we have, of course, by arrangement with the Carlisle City authority an entry to the Carlisle City Occupation Centre for a limited number of county children living within reasonable travelling distance of Carlisle. At the end of the year 48 defectives were in regular training at Occupation Centres—36 at Whitehaven, 11 at Wigton and 1 at Kingstown (Carlisle) Centre. This represents a small increase over 1954.

At the end of the year 32 defectives under the age of 16 were considered to be suitable for occupation centre training but were not attending a training centre. In 4 cases the parents had refused training facilities which were available and in the remainder of the cases the children lived too far away from the present centres to make the daily journey to and from the centre a practical proposition.

The value of occupation centre training is becoming more widely known and appreciated, and I think we should face the fact because of the rural nature of our area that we must expect increasingly heavy expenditure in providing transport and escorts for children who at present are regarded as being beyond the normal catchment areas of the two existing occupation centres. The picture which is presented at present points towards the impracticability of establishing an additional training centre in the county because none of the areas which are at present beyond the reach of the present centres has a sufficient demand to justify the setting up of a new centre, nor is it practicable to link the demands of more than one such area to make a sufficient composite demand for an extra centre. I suggest, therefore, that group classes meeting on two or three half-days a week be established when practicable in those areas at present not served by full-time occupation centres. This the Committee has authorised, but at the same time it will probably be necessary because of parental demands which spring from an increasing public knowledge of the benefits accruing from occupation centre training to adopt an even more generous attitude in the provision of transport facilities and escorts for the existing centres.

Finally, I cannot close this section of the report without making specific comment on the reports which were received as a result of an inspection of our occupation centres by the Board of Control Inspector in October. Both Supervisors are to be commended on the excellence of the Board's reports.

3. INSTITUTIONAL TREATMENT

At the end of 1955 the Council was responsible for 651 defectives and of these 351 were in institutions or on licence therefrom as follows :—

	1955	1954
In the area of the Newcastle Regional Hospital Board:—		
Dovenby Hall Hospital, Cockermouth ...	254	241
Durran Hill House, Carlisle	7	7
Aycliffe Hospital, Heighington, Darlington	6	9
Morpeth and Northgate District Hospital	4	4
Lemmington Hall, Alnwick	2	2
General Hospital, West Hartlepool ...	2	2
Prudhoe and Monkton Hospital, Prudhoe	3	3
Bishop Auckland Institution, Durham ...	1	1
In other Regions:—		
Milnthorpe Hospital, Kendal	30	30
Royal Albert Hospital, Lancaster ...	17	20
Lisieux Hall, Chorley	3	3
St. Mary's Home, Alton, Hants	2	2
Hortham Colony, Almondsbury, Bristol	2	2
Coleshill Hall, Birmingham	1	1
Monyhull Hall, Birmingham	2	1
Totterdown Hall, Walton-on-Thames ...	1	1
St. Raphael's Barwin Park, Herts. ...	1	1
House of Help, Bath	1	1
Stanley Hospital, Ulverston	1	1
Leavesden Hospital, Watford, Herts. ...	1	—
Under the jurisdiction of the Board of Control:—		
Rampton Hospital, Retford, Notts. ...	4	3
Moss Side Hospital, Maghull, Liverpool	6	5
	351	340

It will be seen that the total patients under institutional care increased by 11, being the result of 21 admissions, 5 discharges from Order and 5 deaths. Of the 21 patients newly admitted to institutional care, all but one were admitted to Dovenby Hall Hospital. In considering the institutional treatment of defectives generally, the "waiting list" position which has been the cause of so much anxiety for many years must be considered in conjunction with the table shown above. The following table is an extract from the annual statistical return to the Minister of Health which was completed as at 31st December, 1955 :—

	Under 16	16 years and over	Total
1. In urgent need of institutional care			
(a) Cot and chair cases	2 (2)	— (—)	2 (2)
(b) Ambulant and low grade cases ...	5 (5)	— (2)	5 (7)
(c) Medium grade cases	2 (3)	3 (3)	5 (6)
(d) High grade cases	— (—)	— (1)	— (1)
	9 (10)	3 (6)	12 (16)

2. Not in urgent need of institutional care			
(a) Cot and chair cases	2 (2)	— (—)	2 (2)
(b) Ambulant low grade cases ...	— (2)	3 (3)	3 (5)
(c) Medium grade cases	13 (10)	6 (7)	19 (17)
(d) High grade cases	— (—)	3 (5)	3 (5)
	24 (24)	15 (21)	39 (45)

I feel that I must again repeat what has been pointed out in previous reports, that the division of the table as between urgent and non-urgent cases is an arbitrary one, that degrees of urgency in particular cases vary over very wide ranges and that fluctuations from the non-urgent to the urgent category can and do take place more or less overnight.

It is very pleasing to note a further slight improvement in the general position, the number of urgent cases being reduced by four as compared with 1954 and the non-urgent by two. Once more I feel that a note of caution must be introduced because the national position as regards hospital accommodation for mental defectives is improving at such a slow rate that it will be very many years before local health authorities will be able adequately to carry out their statutory duty under the Mental Deficiency Act of arranging the admission of patients to hospital care if domiciliary supervision either fails or is inadequate. Locally, of course, the opening of additional accommodation at Dovenby Hall Hospital has greatly improved the situation. The fact is Dovenby is now full and even overcrowded within the prescribed limits. It is most unlikely that the turn over of beds at that hospital will keep pace with the rate of ascertainment of defectives requiring institutional care, not only in Cumberland but also in the City of Carlisle and part of Westmorland. The inevitable conclusion, unless a more easy access to colonies in other parts of the hospital region materialises, is that the waiting list for institutional accommodation which climbed from 45 in 1950 to a peak of 108 by the end of 1953, and which is now reduced to 39, will certainly increase to much greater proportions. This situation cannot be lightly contemplated because only those who have specific experience in this work are able to measure the extent of the

suffering and misery which results from the enforced retention of certain types of defective within a private household.

The problem, of course, is not only one of providing the extra hospital beds which are so desperately needed because there were at the end of 1954 more than 1,300 beds available in mental deficiency hospitals which could not be used because nursing staff was not available.

It becomes increasingly obvious that the number of defectives who are admitted to institutional care in a given period does not necessarily reduce the waiting lists by the same number because the names of many of the patients urgently and necessarily admitted to hospital care never appear on a hospital waiting list as an analysis of last year's admissions will show. During last year 21 patients were newly admitted to hospital care, 20 admissions being to Dovenby and the other to one of the State Institutions for vicious and criminal defectives. Of these, only 9 were ascertained cases whose names had appeared on waiting lists, whilst 10 were entirely new cases not previously known to the Authority where the only possible disposal was to hospital, either because of criminal actions or because of the complete absence of relatives. The remaining two cases admitted were known cases who were not regarded as requiring hospital care but whose admission became imperative at very short notice because of sudden and quite unexpected changes in domestic circumstances.

REPORTS AND NOTES ON INDIVIDUAL SERVICES AND OTHER MATTERS

Infectious Diseases

Food and Milk

Housing

Water and Sewerage

NOTIFICATION OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR, 1955.

District	Scarlet fever.	Whooping cough.	Measles.	Acute poliomyelitis Paralytic.	Acute poliomyelitis Non-paralytic.	Meningococcal Infection.	Acute Encephalitis Infective.	Encephalitis Post-Infective.	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Pneumonia.	Para Typhoid Fevers.	Food Poisoning.	Erysipelas.	Chicken Pox.	Malaria.
Urban Districts:																	
Workington	3	31	43	1	—	4	—	—	26	—	25	8	2	1	8	86	1
Whitehaven	2	3	5	1	2	—	—	—	31	—	11	16	—	—	—	—	—
Cockermouth	1	—	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Keswick	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryport	1	21	5	—	—	—	—	—	10	—	—	1	—	1	—	—	—
Penrith	8	9	185	—	—	—	—	—	20	—	2	10	—	—	2	3	—
Rural Districts:																	
Alston	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	3	—
Border	15	34	106	—	—	—	—	—	10	—	—	8	—	—	4	—	—
Cockermouth	7	11	60	—	—	—	—	—	10	—	3	4	—	—	3	—	—
Ennerdale	3	21	5	1	1	—	—	—	27	1	4	9	—	—	—	—	—
Millom	14	6	88	—	—	1	—	—	12	—	—	8	1	—	3	—	—
Penrith	6	39	163	—	—	1	—	2	17	—	1	7	—	—	—	—	2
Wigton	9	32	169	1	—	1	—	—	1	—	2	6	—	—	1	—	—
TOTALS	69	207	834	4	3	7	—	2	165	1	48	78	3	3	21	92	3
1954	134	746	2,890	5	4	12	1	1	23	—	—	105	—	4	41	233	1
1953	204	702	2,846	9	21	11	1	—	5	—	—	130	—	13	45	264	—
1952	278	388	662	9	3	9	—	—	45	—	—	79	—	7	39	115	—

INFECTIOUS DISEASES

No major epidemic of infectious diseases occurred during the year. The number of confirmed cases of poliomyelitis notified during the year was 7, of which 3 were of the non-paralytic type. There were no cases of diphtheria or smallpox. Details of all cases of infectious diseases notified during the year are set out in the table.

INSPECTION AND SUPERVISION OF FOOD

Foods other than Milk

The report of the County Analyst is not included as this has already been circulated to the County Council. No epidemic of food poisoning of any significance occurred in the county during the year under review.

Milk

In October, 1955, the county of Cumberland became an "Attested Area," which means that tuberculosis in cattle has for practical purposes been eradicated. The incidence of non-pulmonary tuberculosis in the county which, of course, is generally attributable to tuberculous milk, has been steadily and indeed rapidly declining in recent years.

I would like to express by indebtedness to the Divisional Inspector of the Ministry of Agriculture for his close co-operation with this department. The figures which follow, and which he has been good enough to send me, deal with the clinical inspection and tuberculin testing of dairy herds. The figures for 1954 are given in brackets for comparison.

Clinical Inspection of Dairy Herds

Class of Herd	No. of Herd Inspections		No. of Cattle Examined	
Tuberculin Tested ...	(1,349)	1,303	(66,927)	66,131
Non-Designated ...	(4,337)	2,805	(86,631)	64,281

Tuberculin Testing of herds licenced to produce Tuberculin Tested and Certified Milk.

No. of cattle tested	(112,423)	98,943
No. of reactors ...	(221)	223

Tuberculosis (Attested Herds) Scheme.

No. of attested herds	(4,628)	5,021
No. of supervised herds	(105)	3

Pasteurised Milk.

At the end of the year, there were still only three pasteurising plants in the administrative county, one

in Egremont and two in Millom. During the early months of 1955 another pasteurising plant came into operation in Wigton. As before the sampling duties in respect of pasteurised milk have been carried out through the co-operation of the sanitary inspectors of the district councils concerned.

Seventy-three samples were taken during the year and submitted to the phosphatase and methylene blue tests. Of these, 59 were satisfactory to both tests and 14 unsatisfactory (10 to the phosphatase test and 4 to the methylene blue test).

HOUSING

The schedule which follows sets out the general housing situation in the administrative county.

With regard to housing plans for County Council employees I am indebted to the County Architect for the notes which follow :—

" The County Council has continued to erect houses for Police Officers and Firemen, the total number completed during the year being 26, while a further 22 were under construction at the end of December.

" The cost of wages and materials have continued their upward trend during the year and until such times as these are stabilised the cost of erecting houses must increase. The cost of building is still considerably higher in the West of Cumberland than in the Eastern half of the County, this can probably be attributed in part to the fact that there is only a limited labour force available and that this force has been fully occupied for a number of years on extensive industrial building operations as well as the large development scheme of the Atomic Energy Authority.

Fire Service.

" The ten houses adjoining Hensingham Fire Station were completed and occupied in the early part of the year. A house for the Chief Fire Officer is in course of erection at Cockermouth.

Police Service

' Sixteen houses were completed during the year and a further 17 were in course of erection. Of the 17, 12 form a group adjacent to Police Headquarters at Carleton Hall.

Nursing Service

" No houses were completed but four were in progress at the end of the year. These four houses are slightly larger than the previous ones completed in 1954 and are based on the Police House plan.

Education

" One of the cottages in the grounds of Ingwell Special School was improved and brought up to standard during the year.

HOUSING RETURNS FOR THE COUNTY OF CUMBERLAND
FOR
YEAR ENDED 31st DECEMBER, 1955.

(N.B.—Corresponding figures for 1954 are shown in parenthesis).

	Alston R.D.C.	Border R.D.C.	Cockermouth R.D.C.	Ennerdale R.D.C.	Millom R.D.C.	Penrith R.D.C.	Wigton R.D.C.	Total for R.D.C's in County	Whitehaven Borough	Workington Borough	Cockermouth U.D.C.	Keswick U.D.C.	Maryport U.D.C.	Penrith U.D.C.
Population 1931	2678	26049	21250	28235	12582	12016	22058	124868	21142	24601	4784	4635	10190	9065
1951	2327	29848	19560	29631	13428	11720	23733	130247	24624	28882	5234	4660	12180	10490
A. 1—Total number of occupied dwelling houses in the district	881 (881)	7806 (7957)	6050 (5968)	8837 (8737)	4341 (4298)	3555 (3466)	7204 (7177)	38674 (38484)	7228 (—)	8511 (8456)	1977 (1934)	1620 (1608)	4021 (3958)	3150 (3152)
2—Total number of occupied dwelling houses subject to Demolition Orders, Closing Orders or Undertakings	1 (—)	33 (62)	31 (40)	59 (65)	— (1)	11 (—)	44 (26)	179 (199)	90 (91)	35 (49)	95 (47)	1 (1)	147 (151)	22 (4)
3—Estimated number of houses (exclusive of above) which are unfit for habitation and cannot be made fit at a reasonable cost	140 (170)	630 (590)	109 (94)	1779 (1872)	124 (88)	212 (230)	325 (347)	3319 (3391)	620 (480)	270 (340)	226 (N.A.)	20 (20)	254 (267)	232 (250)
4—Estimated number of sub-standard houses (exclusive of above) which could be repaired and made fit	375 (380)	900 (950)	N.A. (1850)	3073 (3197)	466 (498)	613 (750)	1435 (1478)	6862 (9103)	— (N.A.)	— (—)	N.K. (N.A.)	100 (100)	153 (153)	150 (150)
5—Number of houses found to be overcrowded	30 (30)	34 (47)	2 (—)	22 (22)	13 (14)	100 (150)	10 (17)	211 (280)	N.A. (—)	— (—)	N.K. (N.A.)	— (—)	— (—)	12 (26)
B. WAITING LISTS. Total number of valid applicants on Council's waiting list exclusive of those living in houses under A2 and 3 above	15 (20)	220 (803)	330 (165)	427 (292)	70 (189)	— (—)	411 (459)	1473 (1928)	— (—)	1150 (1263)	189 (145)	150 (165)	238 (256)	100 (150)
C. NEW HOUSES COMPLETED DURING THE YEAR. 1—By or for the Council— For aged persons	24 (—)	3 (1)	5 (4)	4 (8)	— (—)	— (—)	— (—)	36 (13)	18 (4)	— (—)	— (—)	— (—)	— (30)	— (—)
For agricultural workers	— (—)	— (1)	— (—)	— (4)	— (—)	— (1)	1 (10)	1 (16)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Flats	— (—)	— (1)	— (—)	— (20)	12 (—)	— (—)	— (—)	12 (21)	— (—)	— (12)	32 (—)	— (—)	— (—)	— (—)
General purpose houses	3 (8)	76 (79)	69 (78)	37 (187)	26 (31)	27 (45)	21 (76)	259 (504)	152 (206)	120 (249)	— (20)	18 (20)	66 (20)	20 (22)
2—Private building	— (2)	60 (50)	26 (30)	9 (7)	5 (7)	18 (8)	17 (24)	135 (128)	3 (12)	58 (114)	11 (7)	8 (9)	3 (—)	5 (10)
Total	27 (10)	139 (132)	100 (112)	50 (226)	43 (38)	45 (54)	39 (110)	443 (682)	173 (222)	178 (375)	43 (27)	26 (29)	69 (50)	25 (32)
D. 1—Number of houses for which application was made by private persons for Improvement Grants under the Housing Act, 1949	7 (2)	47 (29)	34 (22)	26 (7)	45 (24)	52 (29)	42 (32)	253 (145)	— (—)	6 (—)	8 (1)	2 (—)	— (—)	10 (6)
2—Number of houses for which grants were approved	7 (2)	44 (29)	33 (20)	23 (2)	42 (21)	50 (24)	41 (28)	240 (126)	— (—)	— (—)	8 (1)	— (—)	— (—)	9 (6)
3—Number of houses where improvements were carried out and grants paid	— (—)	32 (16)	23 (14)	2 (1)	29 (3)	19 (5)	31 (11)	136 (50)	— (—)	— (—)	4 (—)	— (—)	— (—)	5 (2)
4—Number of houses purchased or taken over by the Council with a view to improvement or conversion	— (—)	— (13)	— (—)	— (—)	1 (4)	— (—)	— (—)	1 (17)	— (—)	— (—)	— (—)	11 (—)	— (—)	— (1)
5—Number of houses improved by the Council— (i) With grant	— (—)	1 (—)	5 (3)	— (—)	— (—)	— (—)	— (—)	6 (3)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
(ii) Without grant	— (—)	— (—)	— (—)	— (—)	1 (3)	— (—)	— (—)	1 (3)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
E. TEMPORARY ACCOMMODATION. Number of families occupying camps and temporary buildings	— (—)	56 (66)	— (—)	— (—)	— (—)	— (—)	41 (41)	97 (107)	3 (—)	— (—)	8 (8)	— (—)	— (—)	65 (74)
F. HOUSING PROGRAMME. Estimated number of houses to be built during the ensuing year (i) Private	1 (—)	N.K. (N.K.)	20 (30)	10 (10)	9 (9)	20 (20)	22 (16)	82 (85)	5 (15)	30 (20)	15 (12)	10 (10)	10 (2)	20 (15)
(ii) Council	12 (39)	80 (80)	50 (80)	100 (50)	27 (67)	20 (24)	67 (88)	356 (428)	200 (270)	222 (200)	20 (82)	— (28)	22 (88)	134 (88)

"It is hoped to carry out improvements to another cottage situated in the grounds of a school during the coming year. One small lodge was in course of demolition at the end of the year due to the large amount of work which would have been necessary to bring it up to modern standards.

"It is anticipated that two houses at Newton Rigg Farm School and one caretaker's bungalow at St. Cuthbert's School, Cleator Moor, will be commenced during the coming year."

WATER AND SEWERAGE SCHEMES

During the year, the Water Supply Schemes and the Sewerage and Sewage Disposal Schemes as detailed in Appendices "A" and "B" respectively have been submitted by Councils of County Districts for the observations of the County Council or for assistance by way of grants under the Rural Water Supplies and Sewerage Acts.

Of the works actually in progress during the year, those in the Wigton Rural District have involved major schemes of both sewerage and water supply. The Wigton Town Sewerage Scheme has made good progress in spite of difficulties largely due to the terrain encountered, and the third stage of the comprehensive water supply scheme (modified to comply with the Government's programme of restriction of capital expenditure), commenced in December, 1955, and will cost over £96,000. This stage will supply areas most affected by last year's drought and prevent a recurrence of the conditions then.

In the Border Rural District the extensions to the Roughton Gill Water Supply Scheme have been completed and will afford more reliable supplies in areas previously affected during times of drought.

Although a Bill is before Parliament to increase the capital value of the contributions which may be made by the Minister of Housing and Local Government under the Rural Water Supplies and Sewerage Acts, to local authorities for water supply and sewerage schemes in rural districts, by £30,000,000, to £75,000,000 in England and Wales, the prospect of further grants from this source becoming available is overshadowed by the present policy for the curtailment of capital expenditure. In consequence, except in the most urgent cases where additional supplies of water are required or where the sewering of a locality can be shown to be of extreme urgency, it is unlikely that the authority will be given for schemes to proceed or the necessary grants made available.

Two Orders under the Water Acts were the subject of Public Inquiry during the year. The Carlisle Water Order, 1955, is to empower the Carlisle Corporation to abstract water from the River Eden above Wetheral.

APPENDIX "A"

Scheme submitted by	Name of Scheme	General Outline	Estimated or Final Cost	Grants Ministry	Grants County	Stage at 31st March, 1956
Alston-with-Garrigill R.D.C.	Nenthead Water Scheme.		£12,750	£3,500 (Half-yearly payments of £101 for 30 years)	£3,500	
Border R.D.C.	Hethersgill and Longtown Water Supply	Augmentation of Supply to Longtown				Tenders invited. To start in May, 1956.
Cockermouth R.D.C.	Grange-in-Borrowdale Water Supply	Augmentation of Supplies at Grange	£3,371			Approved in principle by County Council subject to amendments.
Ennerdale R.D.C.	Central and South Western Areas Water Supply Scheme.	Augmentation and replacement of existing unsatisfactory sources.	£171,800	£740 per annum for 30 years) (equal to capital grant of £12,800) from each source.		
Maryport and Cockermouth Joint Water Committee.		Pumping Station and Treatment Works on River Derwent at The Goat, Cockermouth to raise 2 mil. galls. per day to reservoir at Broughton Moor and distribution to constituent authorities.	£370,000			Approved in principle by County Council
Millom R.D.C.	Kirksanton Water Supply	3" main to replace private supply to public main.	£1,175	No deficiency likely to arise therefore no assistance from either source.		
do.	Seascale Water Main Extension Scheme	Mains supply to 50 new houses.	£1,717	No grant as scheme solely to meet needs of new development.		In progress.
do.	Underhill Water Scheme	Mains supply to Green Road and Underhill.	£2,336	Originally £600 from each source now reduced to £400 by saving on Scheme.		Complete.
Penrith U.D.C.	Stoneybeck Water Extension	Extension of 3" main from Stoneybeck to Greengill Foot thence to trunk road A.6 and southwards to near Milestone House.	£1,744	No deficiency likely to arise therefore no assistance from either source.		In progress.
Wigton R.D.C.	Aspatria and Silloth Water Scheme	Stage 3 of comprehensive scheme.	*£180,000	Comprehensive Scheme to be considered as a whole.		Work commenced December, 1955.

* Scheme curtailed and tender accepted at £96,740.

APPENDIX "B"

Scheme submitted by	Name of Scheme	General Outline	Estimated or Final Cost	Grants Ministry	Grants County	Remarks	Stage at 31st March, 1956
Border R.D.C.	Houghton Sewerage Scheme.	Sewering of Houghton Village.	£10,200	£1,800	£1,800	Amended Scheme submitted on which grant has been based.	Grant approved.
do.	Blackwell and Durdar Sewerage Scheme.	To permit development of housing at Blackwell.	£5,750	No grant as scheme solely to meet needs of new development.		Subsequent extension to Durdar may rank for grant.	Work in progress.
do.	Brampton Sewerage Disposal Scheme	Replacement of Sewerage Treatment Works.	£26,000				Approved by County Council as sound and adequate on engineering grounds.
Cockermouth R.D.C.	Branthwaite Sewerage and Sewage Disposal Scheme.	Sewers and Disposal Works for Branthwaite Village.	£10,680				Approved in principle.
Ennerdale R.D.C.	Egremont and Braystones Outfall Sewer.	Storm Relief Sewers.	£30,000				Negotiations proceeding for modified engineering works.
Penrith R.D.C.	High and Low Hesket Sewerage and Sewage Disposal Scheme.	Scheme to serve 96 houses.	£17,500				Approved by County Council in principle on engineering grounds.
do.	Kirkoswald Sewerage Scheme.	Sewering of Village of Kirkoswald.	£15,000				Observations of County Council submitted to R.D.C. for transmission to Ministry.
do.	Lazonby Sewerage Scheme	Sewering to Village of Lazonby.	£10,900				Approved subject to consideration of amendments.
do.	Skelton Sewerage Scheme.	Amended Scheme for Village of Skelton.	£12,650				Observations of County Council submitted to R.D.C. for transmission to Ministry.
Wigton R.D.C.	Sewerage and Sewage Disposal Scheme Oulton	Sewering of Village of Oulton.	£10,750	£2,500	£2,500		Grant Approved. No starting date given.
do.	West Silloth and Greenrow Pumping Station.	Replacement of obsolete and inadequate existing works.	£4,850	No grant as scheme is for replacement of existing works etc. only.			
do.	Wigton Town Sewerage Scheme.	Extensive new works and replacement of existing sewer.	£192,460	£50,000	£50,000		Grant approved and scheme proceeding.

up to four million gallons per day, to supplement supplies during times of drought. With this additional source available to them, Carlisle would be able to afford some assistance from their Geltsdale supply to the Border Rural District Council. Although following the Inquiry, the Minister has signified his intention of confirming the Order, the starting date for any works in connection with the scheme cannot yet be given owing to the curtailment of capital expenditure. The Workington Waterworks Order, 1955, which was strenuously opposed by fishery and certain industrial interests, sought power for the Workington Borough Council to take a further ten million gallons per day from the Derwent near Seaton Mill, for industrial purposes. The Minister's decision following the Inquiry is awaited.

The impossibility of implementing the Caldewhead Schemes has proved a continuing cause of disappointment to the County Council; the authorities who would have benefited from the Scheme have been driven to seek water from other less satisfactory sources, and now with the curtailment of capital expenditure, the position has been made very difficult for some authorities, particularly the Maryport Urban District Council. They were to have obtained much needed water from the Caldewhead Scheme, but as this scheme was not allowed to proceed they decided to join with Cockermouth Rural District Council in a scheme to abstract water from the Derwent near Cockermouth, which will involve pumping and be otherwise less satisfactory.

PULMONARY TUBERCULOSIS

AND

DISEASES OF THE CHEST

TUBERCULOSIS

As a preamble to the reports from the consultant chest physicians which follow, it will be useful to give certain figures for the whole county.

Notifications

The following table shows the notifications in Cumberland for 1955 and the preceding years :—

Year.	Pulmonary.	Non-Pulmonary.
1949	222	32
1950	231	48
1951	267	46
1952	259	45
1953	286	46
1954	262	57
1955	298	33

Deaths

Deaths from pulmonary tuberculosis for 1955 amounted to 24, which is the lowest figure ever recorded. Deaths from non-pulmonary tuberculosis at 2 also represent a new low level.

The following table shows the deaths from pulmonary and non-pulmonary tuberculosis in Cumberland for 1955 and preceding years :—

Year.	Pulmonary.	Non-Pulmonary.
1949	107	25
1950	101	15
1951	80	11
1952	43	9
1953	44	4
1954	26	3
1955	24	2

Distribution

The distribution of deaths from pulmonary tuberculosis by areas has been received from the Registrar General as follows :—

Urban Districts	Deaths	Death rate
Cockermouth	Nil	Nil
Keswick	Nil	Nil
Maryport	1	.08
Penrith	1	.10
Whitehaven	2	.08
Workington	4	.14
Aggregate of Urban Districts ...	8	.09

Rural Districts	Deaths	Death rate
Alston	Nil	Nil
Border	4	.13
Cockermouth	Nil	Nil
Ennerdale	6	.21
Millom	3	.22
Penrith	2	.17
Wigton	1	.04
Aggregate of Rural Districts ...	16	.12
Total for the administrative county	24	.11

It may be of interest to compare the deaths from pulmonary tuberculosis in East and West Cumberland for the past few years, and these figures are set out in the table which follows:—

		East Cumberland		West Cumberland	
Year	Total	Total	Percentage	Total	Percentage
1949 ...	107	36	33.6%	71	66.4%
1950 ...	101	22	21.8%	79	78.2%
1951 ...	80	18	22.5%	62	77.5%
1952 ...	43	7	16.3%	36	83.7%
1953 ...	44	7	15.9%	37	84.1%
1954 ...	26	4	15.4%	22	84.6%
1955 ...	24	8	33.3%	16	66.6%

The percentages given in the above table represent the percentage proportion of the total deaths occurring in the county during these years, allocated between East and West Cumberland. The actual figures of deaths, apart from the percentages have, of course, to be read in conjunction with the population figures of the two areas of the county which are as follows:—

East Cumberland ...	82,520
West Cumberland ...	134,180
	216,700

These population figures are the Registrar-General's estimated mid-1955 figures.

Expressed as a rate per 1,000 population, the deaths from pulmonary tuberculosis during 1955 worked out as follows:—

East Cumberland	...	...	.09
West Cumberland	...	...	.12

The detailed reports from the consultant chest physicians which follow, cover the position very fully, and I should like to take this opportunity of expressing my personal gratitude to Dr. Morton and Dr. Hambridge for the enormous amount of assistance they have given me during the short time I have been working in Cumberland.

EAST CUMBERLAND

(Dr. W. Hugh Morton, Consultant
Chest Physician)

Introduction

Our statistics for 1955 continue to show the same trends as were noted in the report for 1954. Whilst the number of new cases of pulmonary tuberculosis found continues to show an appreciable decrease, the drop in the number of those with a positive sputum at the end of the year has been almost halved as compared to 1954. The waiting list for admission to hospital of cases of tuberculosis remains at a low level, but the small number of beds available for the treatment of non-tuberculous pulmonary conditions continues to create a waiting list problem. As pulmonary conditions other than tuberculosis continue to account for the vast majority of cases seen and investigated at the chest centre, this lack of beds is serious, particularly during epidemics of acute respiratory illness; in several instances recently we have had to refuse admission to patients whose condition, when first seen at the chest centre, warranted immediate hospital admission.

Whilst the results in tubercle are highly gratifying, I would again stress that these should not cause complacency. A further decrease of infection in this community will obviously result in a larger number of susceptible persons who are not only non-infected but who are completely unprotected, and our continued inability to vaccinate with B.C.G. vaccine the large mass of the susceptible population below the age of 13 continues to be a serious gap in our efforts.

As in previous years, a short section on non-tuberculous disease of the chest is appended. Not only should the steady increase in the number of new cases of pulmonary cancer be noted but also the comparatively low proportion of these new cases who are considered fit for major surgery. As mentioned later, these figures in part reflect the apathy and ignorance which characterises the attitude of the older age groups in the population to regular mass radiography examination.

Tuberculosis

Notifications

In the East Cumberland area in 1955, notifications for the pulmonary type of the disease dropped from 170 to 139, and the notifications of non-pulmonary disease dropped from 34 to 31. This decrease was general throughout the area, except in North Westmorland where nine new cases notified in 1955 represented a 50% increase on the corresponding figure for the previous year. In the Cumberland county area the new pulmonary cases fell from 66 to 56, whilst in the Carlisle City area corresponding figures were 98 and 74.

This decrease in the number of new cases of tuberculosis is common to most areas in the country, and our figures are comparable to the other chest areas in the Newcastle Region. There is no doubt but that this decrease is genuine as it has occurred in spite of our efforts to extend our mass radiography surveys and to provide in general enhanced facilities for the examination of suspects.

The mass radiography unit allotted to the Special Area continues to play a vital role, not only in the discovery of new cases of tuberculosis and cancer, but more particularly in examining an appreciable percentage of the population who have never before had a chest X-ray. This percentage, although still small, shows a definite increase and I have no doubt that provided our factory and public session surveys are carried on with the same intensity and regularity as heretofore, this percentage will slowly increase. There will still remain a hard core of the elderly public who will adamantly refuse to pass through the unit, and this problem will be with us for some time yet. As, however, the older sections of the population die off we should expect much more co-operation from the younger generations taking their place now that these have become accustomed to periodic routine mass radiography examination as part of their way of life. In this older age group there are undoubtedly undiscovered cases of active tuberculous disease, and it is only when their resistance breaks down, or when they are admitted to hospital for an operation and have their pulmonary condition discovered on routine chest x-ray that we discover these cases. It is unfortunate that these elderly

patients should not seek advice before a medical or surgical emergency arises, particularly as immediate hospital treatment is available to all cases, and, if the disease is found early an excellent prognosis can be given.

The assessment of cases of pulmonary tuberculosis as active continues to be a major part of our chest centre work. The number of cases under observation shows a decided increase, and assessment is particularly difficult especially in cases where a patient is symptomless and only presents radiological evidence of a pulmonary lesion.

I must again stress the importance of notifying cases of active non-pulmonary tuberculosis when these are first seen. I called attention to this in the report for 1954, but during this year several further instances have occurred where on enquiring into the family history of a new case of pulmonary tuberculosis, a relative with un-notified non-pulmonary tuberculosis has been found.

Table 1 gives the number of notifications throughout England and Wales for the years 1950 to 1955 :—

Table 1.

Notifications in England and Wales.

Year.	No. of Notifications.
1950	59,000
1951	49,440
1952	41,904
1953	40,917
1954	36,973
1955	34,209

Table 2 shows the notifications in East Cumberland for 1952, 1953, 1954 and 1955, and for the whole of the county for the preceding two years :—

Table 2.

Year.	Pulmonary.	Non-pulmonary.
1950	321 ...	48
1951	267 ...	46
1952	79 ...	20
1953	63 ...	18
1954	66 ...	19
1955	56 ...	20

The sex and age distribution of cases seen in 1955 are set out in Table 3 and apply to the county area only, the figures in the parenthesis being the number of cases from the whole of the East Cumberland Hospital Management Committee area, including the county, City of Carlisle and North Westmorland.

Table 3.

RESPIRATORY

Age	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Males	2(4)	—(3)	2(11)	5(10)	4(15)	7(11)	5(13)	3(9)
Females	—(—)	1(3)	10(25)	8(17)	2(7)	3(4)	3(3)	1(4)

NON-RESPIRATORY.

Males	—(—)	1(1)	—(1)	1(1)	—(—)	1(2)	1(2)	1(1)
Females	—(1)	—(—)	1(4)	6(8)	3(3)	2(3)	2(3)	1(1)

I would particularly draw attention to the very marked decrease in the number of new female cases of tuberculosis in the whole area. In the county area, whilst the number of new cases has remained approximately the same the decrease in the female sex has not been nearly so marked.

One notes with some satisfaction the drop in the number of new cases in the under 15 age group. I am, however, by no means satisfied that this happy state of affairs is likely to continue. As noted elsewhere in the mass radiography section there is a most serious gap in our preventive service in that teaching and other school staff in the county area do not pass through the mass radiography unit as staff when we examine school leavers from their schools. Whilst some members of the staff undoubtedly take advantage of the public sessions I very definitely feel that the school health department should have a regular assurance that no school staff has evidence of active tuberculous disease. The danger is very great and although a tragedy has not yet occurred in this area it might easily do so. In Derbyshire in 1952 a teacher was responsible for the occurrence of active tuberculous disease in 13 children, not only that, but the percentage of Mantoux positive children was found to be extremely high, particularly in the 6 to 7 age group.

Table 4(a) gives the pulmonary notifications for 1955 and these are further classified as to whether they are infectious or non-infectious and also the extent of the disease which they have on first examination. The figure given apply to the county area whilst the figures in parenthesis again refer to the whole of the East Cumberland area.

Table 4(a).

RESPIRATORY

	R.A. 1	R.A. 2	R.A. 3	R.B.1	R.B. 2	R.B. 3
Males ...	8(24)	8(21)	2(9)	1(3)	3(5)	6(14)
Females ...	8(22)	7(15)	2(6)	—(1)	5(6)	6(13)
No. of above respiratory cases referred by M.M.R.						
Males ...	1(4)	2(7)	1(3)	—(—)	2(2)	2(3)
Females ...	4(9)	7(9)	1(2)	—(—)	2(3)	—(1)

Table 4(b) shows the number of cases who first came under our care with definite evidence of cavitation.

Table 4(b)

	With Cavitation.	Without Cavitation.	Total.	Percentage with Cavitation.
Carlisle City ...	23	51	74	31.08% (43.88%)
East Cumberland ...	16	40	56	28.57% (48.48%)
North Westmorland ..	3	6	9	33.33% (33.33%)
	42	97	139	30.21% (45.29%)

Both these tables show a welcome change in two different ways. First, the number of cases classified as R.B., viz., those who are infectious and have a positive sputum has dropped. Secondly, the number of cases who when first examined present definite evidence of cavitation has also markedly declined. Practically half the new cases of tubercle in 1954 had definite cavitation when first seen but in 1955 this proportion had dropped to less than one third. As these figures are all strictly comparable to the figures for 1954 they do show, I feel, a very considerable improvement in the tuberculosis state of this community, and this improvement has been more marked in the county area.

Deaths.

The number of deaths of cases of tuberculosis in the Eastern Division of the county area are set out in table 5; the figures for the years 1950, 1951 and 1952 relate to the number of deaths in the whole of the county.

Table 5.

Year.	Pulmonary.	Non-Pulmonary.
1950	101	15
1951	80	11
1952	43	9
1953	7	1
1954	4	—
1955	13	1

Table 6 gives the number of deaths from tuberculosis throughout England and Wales from 1950 to 1955 :—

Table 6.

Year.	No. of deaths.
1950	18,750
1951	12,031
1952	9,335
1953	7,911
1954	7,069
1955	5,838

Whilst the number of deaths has risen appreciably this is not unexpected.

A certain amount of criticism of tuberculosis statistics is expressed at various times, and the past 12 months has seen rather more articles written on this subject than usual. It is true that there are certain anomalies and tables 5 and 6 may be used to illustrate one of these. These both show the number of cases of pulmonary tuberculosis who have died during 1955 but these cases may not necessarily have died from their pulmonary tuberculosis. Indeed, one or two of our cases have died from other causes, in three instances the exact cause of death being the result of a motor accident, nephritis and non-tuberculous pneumonia. It would indeed be very difficult to exactly enumerate deaths from the disease itself. In cases where death has actually occurred from the disease, the disease has been of a chronic extensive nature where cure was impossible.

Whilst such anomalies should be borne in mind when reading the statistics I feel that these make little material alteration to the actual figures in a chest area such as ours when compared from year to year. It is, however, a very different matter when comparing the statistics of one chest area with those of another chest area, even in the same region, and this is particularly true of notification figures. Some chest physicians notify primary tuberculous hilar adenitis discovered on radiological investigation, whilst others reserve notification of such cases for those exhibiting definite clinical symptoms. Such variations could be largely accounted for by the tuberculisation state of the community concerned, and it may well be that some decades hence tuberculosis may have so diminished that the finding of a primary complex and a positive Mantoux may necessitate notification. In spite of all such anomalies, I feel that the Ministry forms, on which our statistics are based, are reasonably sound and give one an accurate picture of the work done in tuberculosis in any chest centre. If the Ministry forms were further elaborated, as some have suggested, to include diseases other than tubercle I very definitely feel that the additional information given would not be worth the cost and time of the extra labour involved in compiling such statistics.

Chest Centre Statistics

Table 7 gives the number of cases of pulmonary and non-pulmonary tuberculosis on the East Cumberland register for 1955. The figures in parenthesis in the grand total relate to the corresponding figures for 1954.

Table 7.

CLINIC REGISTER AS AT THE END OF 1955—COUNTY OF CUMBERLAND—EASTERN DIVISION.

	Respiratory.				Non-Respiratory.				Totals.				Grand Total	
	M.	W.	Ch.		M.	W.	Ch.		M.	W.	Ch.			
Cases on Clinic Register on 1st January, 1955 ...	217	211	16	...	17	33	26	...	234	244	42	...	520	(456)
Additions to Register during 1955	34	39	3	...	4	17	1	...	38	56	4	...	98	(113)
	251	250	19	...	21	50	27	...	272	300	46	...	618	(569)
Removals from Register during 1955	20	15	8	...	1	3	3	...	21	18	11	...	50	(49)
Number of cases on Register on 31st December, 1955	231	235	11	...	20	50	21	...	251	285	32	...	568	(520)
Number known to have had a positive sputum within the preceding 6 months	16	9	—	...	—	—	—	...	16	9	—	...	25	(56)

The very striking decrease in the number of cases with a positive sputum, and hence infectious, during the last six months of the year should be noted. Whilst the higher number of deaths for the year has reduced this figure slightly, the major factor has undoubtedly been the intensive therapy, both medical and surgical, which has been carried out during the year.

Table 8 gives the statistical summary of the work done at the chest centre during the year.

Table 8.
CHEST CENTRE STATISTICS.

	East Cumberland		Carlisle City		North Westmorland		Total			Total figures for 1954
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.		
1—No. of NEW CASES seen:—										
Adult Male	322	3	395	1	53	1	770	5		
„ Female	253	12	398	7	36	1	687	20		
Male child	96	2	123	3	6	2	225	7		
Female child	86	3	117	3	3	1	206	7	1927	1927
2—No. of OLD CASES seen:—										
Adult Male	733	8	992	25	123	10	1848	43		
„ Female	836	47	1256	42	89	18	2181	107		
Male child	166	7	295	13	33	2	494	22		
Female child	134	16	200	17	12	2	346	35	5076	4770
3—No. of NEW CONTACTS seen:—										
Adult Male	282	—	332	—	50	—	664	—		
„ Female	391	—	420	—	64	—	875	—		
Male child	245	—	299	—	39	—	583	—		
Female child	208	—	342	—	33	—	583	—	2705	2010
4—No. of OLD CONTACTS seen:—										
Adult Male	37	—	160	—	4	—	201	—		
„ Female	78	—	231	—	6	—	315	—		
Male child	179	—	316	—	16	—	511	—		
Female child	168	—	349	—	11	—	528	—	1555	1638
5—No of cases seen by physiotherapist:—										
Adult Male	31	—	104	—	4	—	139	—		
„ Female	62	—	147	—	3	—	212	—		
Male child	65	—	230	—	6	—	301	—		
Female child	63	—	138	—	1	—	202	—	854	996
							19*			45*
6—No. of cases of Pneumoconiosis										
7—No. of A.P. refills given**	608	—	1013	—	14	—	1635	—	1635	2691
8—No. of P.P. refills given	1389	—	2791	—	100	—	4280	—	4280	4969
9—No. of E.P. refills given	175	—	255	—	51	—	481	—	481	427
10—Screen examinations only	121	—	242	—	13	—	376	—	376	455
11—Aspirations	29	14	43	12	1	—	73	26	99	99
12—Domiciliary visits							314	—	314	366
TOTAL ATTENDANCES	6757	112	11188	123	771	37	19030	272	19302	20348

These statistics show that the number of new cases seen at the chest centre has remained practically constant, and with one exception show comparatively little variation in the overall picture. They suggest that the work now undertaken at the chest centre is now on a reasonably firm basis and that the statistics will not alter appreciably from year to year. The exception referred to is the striking drop in the number of cases attending for minor collapse therapy. Not only have we successfully terminated this treatment in a further group of cases, but there has been a very much smaller number of new cases necessitating this therapy. I anticipate that the number of those requiring such therapy will diminish still further in future.

Contact Examinations.

Our contact work has been carried out on the same lines as in 1954 and efforts continue to be conducted on as wide a basis as possible. Child and adolescent contacts continue to be Mantoux tested as well as X-rayed. Contacts continue to include contacts at work as well as family contacts, both immediate and remote. Last year I specifically drew attention to a serious gap in our contact examinations, e.g., in cases where other members of the family were married and were living in different parts of the county or city as the case may be, and particularly if the relative was a married sister. During the past year we have had two further cases of pulmonary tuberculosis in married women whom we had never seen before, and in both cases a sister was already under our care with the disease.

Positive reactors in the 5-7 age group continue to be seen in co-operation with the school medical departments, and have been investigated at the chest centre. During the past year one case of active tuberculous disease was discovered as a result of these investigations.

The conversion rate after B.C.G. vaccination remains high. In two cases done during the year the post-B.C.G. Mantoux test was negative, but on repetition they were found to be positive.

The number of contacts found to be tuberculous, for the whole East Cumberland area, and notified during the year total 7 as compared with 26 in 1954.

Whilst this essential preventative service has worked satisfactorily there are still certain gaps, some of which cannot be corrected without throwing an impossible burden on an already hard worked staff.

Nursing and domestic staff in the hospitals in the East Cumberland Hospital Management Committee area continue to be Mantoux tested and are given B.C.G. where necessary; they are also examined radiologically at intervals.

There is now no question of the efficacy of B.C.G. vaccine in preventing the miliary types of the disease. Since we commenced vaccinating susceptible contacts with B.C.G. vaccine no such contact in this area has been notified as a case of tuberculous disease. Whilst few controlled trials have been carried out in this country many have been carried out abroad, and these to my mind leave no doubt but that B.C.G. vaccine should be made available to all susceptible persons and more particularly that every new born child should have this. As matters stand at present I firmly believe that our future cases of tuberculous disease will be found amongst those individuals who have not been vaccinated with B.C.G. vaccine, and each year's delay in making this vaccination available to all newly born infants postpones by another year our hopes of completely eradicating the disease from the community.

One should not leave the question of B.C.G. vaccine without mentioning the recent suggestion that Isoniazid, which is now well established in the treatment of the disease, should also be used prophylactically with B.C.G. vaccine. Of the numerous factors involved here, two points appear to me to stand out. First, one would ask how complete is the immunity resulting from B.C.G. vaccination. I personally feel that if a person has been successfully vaccinated by B.C.G. vaccine, and even revaccinated later should his allergic state have altered and his Mantoux test have again reverted to negative, that person will not develop active tuberculous disease. Secondly, there is no question but that the prolonged administration of an anti-biotic allows certain bacilli to become resistant to that anti-biotic and for this reason I feel that a powerful anti-biotic such as Isoniazid should not be used phophylactically.

All entrants to one of the largest groups of factories in the county area continue to be X-rayed as a routine, and every effort has been made to induce workers over the age of 45 to attend the mass radiography unit at 12 monthly intervals. This scheme alone has undoubtedly resulted in a very great improvement. Previously this group of factories provided us with a considerable number of new cases of tubercle of varying extent and degree, but during the past year no new case from this group of factories has come to our notice.

The tendency to have routine chest X-rays of all in-patients and out-patients attending any hospital department is spreading; not only are such routine chest x-rays most valuable from the tubercle point of view but they are of considerable value to the medical staff concerned, particularly the anaesthetist in surgical cases.

Institutional Treatment.

Table 9 gives the number of beds available for the treatment of tuberculosis in the area covered by the East Cumberland Hospital Management Committee.

Table 9

Institution	No. of beds
Blencathra	70
City General Hospital	15
Longtown Hospital	23
Cumberland Infirmary	10
Ormside Sanatorium	22
Ward 7, City General Hospital	2
Ward 8, City General Hospital	2

Table 10 gives the number of cases from the Eastern division of the county admitted to institutions for treatment during 1955.

Table 10

Institution	Adults	Children
Blencathra	43 ...	—
Meathop	3 ...	—
Longtown	38 ...	—
City General Hospital ...	26 ...	2
Cumberland Infirmary ...	7 ...	1
Ormside	31 ...	—

Complete bed rest along with intensive chemotherapy continues to be our sheet anchor in the treatment of pulmonary tuberculosis. The small number

of cases who have had ambulant chemotherapy and who have during the year come into the area, has tended to convince us that bed rest is all important. Many people still regard a haematogenous dissemination of tubercle as a rare complication of tuberculosis localised in the lungs, except in the early post-primary period or in the later terminal stages of the disease. Recent work in Holland, however, based on aspiration liver biopsies has shown that blood spread is very frequent in all types of tuberculosis, and at all stages. Even in erythema nodosum, a non-pulmonary condition, aspiration liver biopsy showed sub-miliary tubercles present in 14 out of 20 cases. Studies of other workers have tended to confirm these findings. there being some variation in the percentage of positive results but these variations may well be due to differences in technique. These findings do emphasise the need for rest.

The number of cases admitted with diabetes and tubercle and uro-genital tubercle has declined but close co-operation is maintained as heretofore with the other specialists involved.

All cases of pleurisy with effusion in young adults, in the absence of other demonstrable cause, continue to be treated as tuberculous. As mentioned in last year's report such cases have been treated in the same way since 1950, and no case has returned to us with further evidence of active tuberculous disease after such treatment. There is no doubt, however, that without adequate treatment a considerable number, up to 30%, of such cases would return to us within two to five years with a pulmonary lesion, and a recent paper in The American Review of Tubercle has given a reactivation rate of 65% in American servicemen who had been inadequately treated for their initial pleurisy.

Table 11 gives the waiting lists for the whole of the East Cumberland Hospital Management Committee area as on the 31st December, 1955.

Table 11

Waiting lists as at 31.12.55

	Males	Females	Children	Total
a) for admission to hospital or sanatorium	2	4	—	6
b) for admission to Thoracic Units	2	1	—	3

During the year we gave up our beds in Meathop Sanatorium. West Cumberland demands on Blencathra Sanatorium have so lessened that during the greater part of the year we have been able to make use of about 70% of the beds for East Cumberland patients. The lower waiting lists and the larger number of beds available to us have allowed us to admit many cases previously considered chronic and hopeless to our beds for long term treatment, already with some measure of success.

The beds at Longtown Hospital and Ormside Sanatorium have continued in full use throughout the year, and I hope that it will be possible to reduce the comparative overcrowding at Blencathra Sanatorium in the forseeable future and so raise the standard of the beds there to those pertaining at Ormside Sanatorium and Longtown Hospital. I feel that this is particularly essential in dealing with an infectious disease such as tuberculosis.

Our work at the chest centre here continues to be seriously hampered by lack of space and accommodation. An Odelca camera unit would not only save film and repay its initial cost in a compartively short time, but would allow us to increase facilities for routine X-ray examinations. Our consulting room space, dressing rooms for patients and waiting room accommodation are all inadequate and further extension at the chest centre is urgently required.

The present ward unit in the Pavilion here requires urgent replacement. Beds should be available for the investigation and treatment of all cases of pulmonary disease whether these be tuberculous or non-tuberculous, and the average turnover of chest cases seen at the chest centre during the past two years suggests that a new unit of at least 25 beds is essential. Empty sanatorium beds elsewhere are no solution to this problem, as the majority of pulmonary cases requiring urgent admission to a bed are suffering from acute and serious pulmonary disease. Not only would it be reckless and dangerous to send these cases to a sanatorium bed out in the country but their condition on admission is such that it would be inhuman to deprive relatives of comparatively easy facilities for visiting them. Again, too, diabetics who

suffer from pulmonary disease must be admitted to a city unit where adequate laboratory and dietetic control can be carried out.

Care and after-Care

Much time is spent with the Local Authority staffs in this important branch of the tuberculosis scheme. The early admission of patients to hospital has considerably facilitated our work.

Rehabilitation Panels continue to be held every month at the chest centre. Not only are cases of tuberculosis dealt with in this way, but also cases of other pulmonary disease, such as bronchiectasis.

I would again stress that we do not allow cases of pulmonary tuberculosis to return to work whilst the disease is active, but I would point out that this assurance on our part does not necessarily mean that all cases take our advice. Although we can advise patients, and almost every patient takes our advice, there is an occasional one who does not. Such a person may return to work with a positive sputum and ignore our advice and unless his work is associated with certain manufacturing processes we cannot exert any compulsory powers. I feel this is most important and would strongly commend industrial medical staffs to have a patient's statement confirmed that he is fit to return to work and is not a danger to others.

Ambulance Service

We continue to be greatly indebted to the ambulance service. We still have a large number of patients attending for collapse therapy, and whilst these are diminishing the number of cases with serious non-tuberculous disease is increasing so that our calls on the ambulance service remain at a high level.

OTHER CHEST DISEASES

Introduction

Chest diseases other than tuberculosis continue to affect the vast majority of the patients seen at the chest centre. Whilst some of these conditions are acute and some serious there is no doubt that chronic pulmonary disease contributed largely, not only to the mortality rates in this area, but also to the morbidity

rates in general. The enhanced facilites now available to us for case finding in tuberculosis have greatly helped in evaluating the true extent of those diseases in the area. Last year, whilst the death rate from pulmonary tuberculosis throughout England and Wales was just over 7,000, the death rate from pulmonary cancer was 16,000 and the mortality from bronchitis alone was almost 30,000 per annum.

Neoplasm

The number of cases of pulmonary cancer seen and investigated during 1955 has again risen, and as before, cases considered suitable for pneumonectomy have been admitted to the Thoracic Surgical Unit without delay. Unfortunately, the number of cases considered fit for surgery is still far too low, but has risen from 12.5% to 29% in 1955.

There is no doubt but that the disease is steadily increasing, and in the present state of our knowledge it is imperative that a diagnosis should be established as early as possible. Any delay in diagnosis means in fact that one forfeits the only possible hope of cure by a pneumonectomy. In one or two of our cases treatment has been confined to lobe resection followed by deep X-ray therapy. From published results there is no doubt that pneumonectomy is the operation of choice and experimental work has shown conclusively that the lymphatic glands are a definite barrier to the spread of cancer cells, and whilst deep X-ray therapy can exert a very marked effect on the diseased gland itself, the effect on healthy glands is not good. Extensive investigations are necessary before operation is advised but even when the investigations are completed an accurate diagnosis may not be possible until thoracotomy has been carried out. Some lesions when first seen radiologically are so small that the usual extensive pre-operative investigations prove negative. Whilst pulmonary cancer affects chiefly the older age groups of the population, one case in a young married woman of 22 was found last year. In young adults where a solitary shadow noted radiologically suggests a localised tuberculoma our policy is to advise surgery with a view to resection as the risk of over-looking a possible cancer cannot be trifled with. Even in cases where biopsy, after resection, has proved the lesion to

be of the nature of a tuberculoma we feel that the operation has been well worth while, because so often recently have we seen such lesions break down completely in elderly people.

Some pulmonary shadows proved to be of the nature of a simple non-malignant tumour when resected, and here again I feel that the operation has proved its worth; not only has one been able to exclude a malignant growth but one has by resection removed the risk of such a simple growth becoming malignant in future.

There is no doubt that there is still considerable apathy on the part of many patients in the over 45 age groups to delay examination until it is too late, and it is extremely doubtful whether this can be rectified by further propaganda or instructions about the danger of cancer.

As matters stand at present the only way in which we can secure an early diagnosis is by radiological examination, and we can only advise such an examination at regular intervals. One wonders whether in time regular mass radiography examinations might not be compulsory. Already large sections of the population throughout the country require to submit to an x-ray examination, either on appointment to a particular job, or in some cases at regular intervals. This has caused little or no reaction in such groups of people, and I feel that the extension of such a scheme has much to commend it.

Whilst the apathy in some cases may be caused through ignorance one feels that in most cases the patient is well aware of the possibility of neoplasm but has delayed seeking medical advice or an x-ray examination, and this attitude is typical of the way in which he, the patient, has handled previous difficulties in his life. I do feel, too, that some patients, although they think of cancer as a possibility dread the thought of either an operation or an anaesthetic, and our statistics naturally do not tend to allay these fears completely.

A full and frank discussion with the patient takes place when operative treatment is advised, and, unfortunately, in many cases, one has to stress that the growth is not in as early a stage as one would prefer.

but that operation does afford a chance of survival. The inevitable result is, as one would expect, viz., that a proportion of such cases do not survive a two to three year period. Were all cases submitted to the thoracic surgeon in their early stages, then I think that the results obtained would allay these fears.

With regard to the cause of cancer our knowledge has not progressed much. A recent survey in New Zealand has been interesting in that it shows a higher incidence of lung cancer in immigrants from the United Kingdom than in the New Zealanders. The survey showed that the habits and extent of tobacco smoking in the two groups was very similar, and the conclusion was reached that the greater incidence of the disease in immigrants from this country was due to factors associated with urbanisation.

Once again no high incidence of cancer in any of the local industries has been noted. On the other hand my colleagues in the pathological laboratory have noted an exceptional number of iron ore miners who have had pulmonary cancer. It is possibly too early to say definitely whether this is a true relative increase or not. Recent work in coal miners has shown that pulmonary cancer is much less frequent in these workers than in the general population, and it may well be that in iron ore miners this slight increase is more apparent than real and may be due to one of several factors.

Bronchiectasis

The following table shows the number of cases of bronchiectasis on our active register at the end of 1954, and the number of cases coming on to our register during the year, and the number of attendances made by patients suffering from the disease.

	East Cumberland			Carlisle City			North Westmorland		
	M.	W.	CH.	M	W.	CH.	M.	W.	CH.
On register 31.12.54	39	32	28	39	27	22	17	3	4
New cases during 1955	3	5	4	15	4	6	—	1	1
Total on Register 31.12.55	41	31	28	51	30	25	16	5	4
No. of attendances for physiotherapy ...	31	62	128	104	147	368	4	3	7

This aspect of our work has so increased that it has been very difficult to cope with their treatment.

Throughout the year we only had the physiotherapist for two sessions per week but we have now, at the time of writing this report, been able to increase this to four sessions per week.

The results of treatment continue to be satisfactory and as before full co-operation in their investigation and treatment is maintained with the Thoracic Unit.

Asthma, Bronchitis and Emphysema

The vast majority of our new cases suffer from one of these conditions, and in an increasing number of such cases their condition has been so acute when first seen as to merit immediate admission to hospital for investigation and treatment. When one realises how much working time is lost in the older age groups as a result of bronchitis and emphysema I feel that it is time well spent to investigate these cases fully and to try and alleviate their condition. As before full use is made of the physiotherapy facilities.

Pneumonias and acute inflamatory lesions

A much larger number of acute respiratory cases have been seen in 1955 than in the previous year, and during one recent epidemic cases were extremely ill when first seen.

With efficient anti-biotic therapy, few pulmonary abscesses occur and of those which do appear most respond well to the anti-biotics.

The outlook on pulmonary abscess has changed very considerably over the past ten years. Before the last war treatment was essentially surgical, and complications were frequent, chiefly empyema and brain abscess. The advent of Penicillin, however, altered the picture and one would say that the treatment is now essentially medical. Whilst most abscesses of bacteriological origin clear up satisfactorily with anti-biotic therapy close radiological control is necessary to ensure that resolution has taken place. There is no doubt that lung abscess is much less common than it was prior to the war. Of those seen many are not the result of simple bacteriological inflammations but are associated with pulmonary neoplasm. Three cases seen at the chest centre recently presented themselves

for the first time with a large abscess which was proved to be neoplastic. We therefore consider it essential that all cases of abscess should be bronchoscoped to exclude the more serious pathology, even when the abscess cavity is apparently resolving radiologically with consequent improvement in the clinical condition. The only cases of lung abscess which would not be bronchoscoped would be those where the abscess was so extensive on clinical and radiological grounds, and when a patient was in such a state that surgery would not be contemplated under any circumstances. One case of hydatid abscess was seen during the year.

Pneumoconiosis

Pneumoconiosis Panels continue to be held periodically at the chest centre; the majority of the cases come from the West Cumberland area. The degree of compensation awarded is based chiefly on the radiological appearances and yet a patient may be as seriously incapacitated as one who is accepted, and yet not show any radiological evidence of pneumoconiosis. A recent report from the Medical Research Council's research unit at Cardiff has brought this problem to the fore, and has pointed out that the age of the patient is as important as the radiological degree of pneumoconiosis in assessing his clinical disability.

Workers in Newcastle on Tyne have even suggested that the X-rays should be omitted. This suggestion creates a very serious problem, which, I feel is associated with the focal emphysema present before there is definite radiological evidence of pneumoconiosis, and it would indeed be difficult to decide whether the disability of cough and sputum and dyspnoea could be attributed to the patient's exposure to dust. Most of these iron ore miners examined are in the older age groups, and it is doubtful whether the incidence of pulmonary disability in such patients showing no radiological evidence of pneumoconiosis, is actually more common than in the average non-iron ore working population of the same age groups.

Mass Radiography

(Note : Figures given in brackets throughout the report relate to the corresponding figures for 1954.)

During 1955 we were faced with an acute shortage of technical staff and as a result it was decided to close down the unit completely for a period of four weeks in July/August so that the staff would be able to fit in their annual leave at this time and to allow of a complete overhaul of the unit itself and its transport, which is now five years old. For the other eleven months of the year the unit was fully operational throughout the Special Area and the surveys were carried out with increased intensity, so that a further 5,000 people were examined for the whole year in spite of the unit's closure in July/August.

The time spent in the Special Area was divided between East and West Cumberland and in 1955 the number of days spent in each area was exactly proportional to the population of each area; 126 days were spent in East Cumberland and 101 in West Cumberland.

Groups examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 37 (41) occasions. 3,814 (2,413) contact cases were X-rayed, 2,382 from the East Cumberland area and 1,432 from West Cumberland.

By arrangement with the Medical Officers of Health concerned, facilities for X-ray examination were made available for all school children over the age of 13, this examination being complementary to the Mantoux testing and B.C.G. vaccination schemes of the local authorities. Full advantage was taken of the service as 9,757 (4,329) children of these age groups passed through the unit. It is to be noted that examination of school children is only carried out after receiving consent of the parents.

The full co-operation of the general practitioners in the areas visited was again invited during each survey as in previous years, but the small number of persons so referred is undoubtedly a reflection of the very close liaison between the general practitioners and the chest centres in both areas. Indeed, when one takes into account the large number of patients referred directly by the general practitioners to the

chest centres themselves, one can well appreciate that the comparatively small number of patients referred directly to the mass radiography unit must be those unwilling to attend at a chest centre but for whom a mass radiography examination may not be so severe a test.

Of the 350 cases referred to the mass radiography unit by general practitioners, three new cases of active tuberculosis, seven new cases of bronchiectasis and one pulmonary neoplasm resulted and go to show, I feel that the general practitioners in this area are very much on their toes in that they are managing to persuade this small but valuable number of suspect cases to attend the mass radiography unit. In fact, had larger numbers of patients been referred to the unit by general practitioners I would have suggested that the high standards of clinical medicine in this area had deteriorated and that the liaison between the general practitioners and the chest centres was not as close as it ought to be.

Sessions were held for members of the general public in 29 (33) towns and villages in the Special Area. Preliminary propaganda was carried out including advertisements in the press, in local cinemas and by posters and handbills. These public sessions necessitated no prior appointments and were well attended, 20,125 (20,217) persons having passed through the unit.

Results

During the year 49,629 (44,471) persons were examined by the unit. These included 1,177 (1,124) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 48,452 (43,347) civilans were examined.

Number recalled for full sized X-ray film — 2.214 — 4.46 per cent. of total examined (1.990 — 4.47 per cent.).

Number referred for clinical examination — 521 — 1.05 per cent. of total examined (599 — 1.35 per cent.)

Number failing to attend for full sized film — 193 — 8·72 per cent. of those recalled (127 — 6.40 per cent.).

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiectasis, particularly those in the under 35 age

groups, all neoplasms and many of the persons presenting iron ore and pneumoconiotic changes in the X-ray pictures. Clinical examinations were carried out at the chest centres.

It will be noted that the number of persons failing to attend for large sized film examination at the unit has increased but the majority of these non-attenders have taken advantage of a second or later appointment at the chest centres and have been fully investigated. These non-attenders at the unit tend to increase during the summer months when people go on holiday. Again the intensity with which our surveys have been conducted during 1955 has not allowed adequate time in many instances for large film appointments to be repeated.

The detailed results of the X-ray examinations are shown in Table 1.

Table 1

ABNORMALITIES REVEALED			Percentage of total examined	
(1) Non-tuberculous conditions:-				
(a) Bronchiectasis	63	(61)	.13	(.14)
(b) Pneumoconiosis	83	(134)	.17	(.30)
(c) Neoplasms	11	(12)	.02	(.03)
(d) Cardiovascular conditions ...	433	(318)	.87	(.72)
(e) Miscellaneous	398	(697)	.80	(1.57)
(2) Pulmonary Tuberculosis:-				
(a) Active	94	(126)	.19	(.28)
(b) Inactive	757	(819)	1.53	(1.84)
(c) Active (previously known)	17	(23)	.03	(.05)

Table 2 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

Table 2.

EAST CUMBERLAND									Source of examination.	WEST CUMBERLAND								
Miniature Films.	Large Films.	Clinical Exams	Active T.B.	Inactive T.B.	Bronchiectasis.	Neoplasms.	Pneumoconiosis.	Cardiac Conditions.		Miniature Films.	Large Films.	Clinical Exams.	Active T.B.	Inactive T.B.	Bronchiectasis.	Neoplasms.	Pneumoconiosis.	Cardiac Conditions.
235	50	14	2	6	4	1	—	8	Doctors' cases ..	120	15	9	1	5	3	—	2	—
158	7	2	1	1	—	—	—	—	Ante-natal cases ...	15	—	—	—	—	—	—	—	—
2,382	97	18	3	51	2	—	—	27	Contact cases ...	1,432	100	29	7	69	1	—	8	4
5,473	140	23	—	14	2	—	—	5	Scholars	4,284	81	21	2	17	4	—	—	2
447	20	2	—	12	—	—	—	3	School Staff	25	1	1	1	—	—	—	—	—
12,448	718	149	19	203	18	7	2	237	General Public .	7,677	346	120	30	126	13	1	66	48
7,700	331	60	8	111	4	—	—	37	Surveys	6,056	203	63	17	79	4	—	4	11
852	79	3	18	57	8	2	1	46	Mentally defective patients	325	26	7	2	6	—	—	—	5
29,695	1,442	271	51	455	38	10	3	363	TOTALS	19,934	772	250	60	302	25	1	80	70

Disposal

1. PULMONARY TUBERCULOSIS.

All cases presenting evidence of active pulmonary tuberculosis were referred to the chest centres where full investigation was carried out and treatment instituted immediately.

Table 3 relates solely to East Cumberland and shows the total number of new cases of active pulmonary tuberculosis discovered during the year at the chest centre and the proportion of these which were referred directly by the mass radiography unit.

All cases are further classified according to the extent of their disease and also whether the sputum was negative or positive (R.A. cases—negative; R.B. cases—positive).

TABLE 3.

	R.A. 1	R.A. 2	R.A. 3	R.B. 1	R.B. 2	R.B. 3
East Cumberland.						
Respiratory—						
Males	8 (9)	8 (9)	2 (4)	1 (2)	3 (3)	6 (5)
Females	8 (10)	7 (11)	2 (3)	— (1)	5 (2)	6 (7)
No. of above cases referred by the M.M.R.—						
Males	1 (4)	2 (2)	1 (—)	— (1)	2 (1)	2 (—)
Females	4 (—)	7 (—)	1 (1)	— (—)	2 (1)	— (—)
Carlisle City.						
Respiratory—						
Males	15 (12)	8 (10)	6 (—)	2 (2)	2 (5)	6 (10)
Females	14 (27)	8 (13)	4 (3)	1 (2)	1 (8)	7 (6)
No. of above cases referred by the M.M.R.—						
Males	2 (6)	3 (2)	2 (—)	— (—)	— (—)	— (—)
Females	5 (8)	2 (5)	1 (—)	— (2)	1 (1)	1 (—)
North Westmorland.						
Respiratory—						
Males	1 (—)	5 (1)	1 (—)	— (1)	— (1)	2 (1)
Females	— (2)	— (—)	— (—)	— (—)	— (—)	— (—)
No. of above cases referred by the M.M.R.—						
Males	1 (—)	2 (—)	— (—)	— (—)	— (1)	1 (—)
Females	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)

2. BRONCHIECTASIS.

All cases of bronchiectasis found were fully investigated and in the East Cumberland area were retained under regular supervision at the chest centre and were treated with considerable benefit by the physiotherapist on the hospital staff.

3. NEOPLASM.

The number of pulmonary neoplasms discovered remains practically the same as it was for 1954, but it is interesting to note that of the total of 11 that were discovered, 10 were from the East Cumberland area and this figure of 10 contributed largely to the considerable increase in the number of new cases of pulmonary neoplasm for East Cumberland seen at the chest centre in 1955.

4. PNEUMOCONIOSIS.

As before all the cases of pneumoconiosis found with the exception of 3 were located in the West Cumberland area.

5. OTHER CONDITIONS.

Many other abnormal conditions were discovered, some meriting considerable investigation and occasionally necessitating a short period in hospital. Those requiring treatment were referred to the appropriate medical or surgical department.

Comments.

Rather more time was spent, as has already been noted, in East Cumberland in 1955 as compared to West Cumberland and it is interesting to note that in spite of this the number of persons passing through the unit in West Cumberland has remained approximately the same as before, but that the additional time spent in East Cumberland has resulted in an additional 6,000 persons being examined, the figure of 29,695 examinees being the highest number ever recorded in the East Cumberland area. During the year considerably larger numbers of school children were examined and as only two new cases of active tuberculous disease were found in this group, one must wonder whether the time spent on these examinations was time profitably spent. From the case finding aspect it certainly was not but from the educational viewpoint I feel it was time well

spent. We must look on these school leavers as the people we desire to come through our unit from the factories and workshops in the future, and I feel certain that if our services continue to be carried out with the same regularity and intensity as heretofore, we shall all the sooner reach the happy position of securing a 100% response. As it is at present, there is a persistent reluctance on the part of both men and women in the later age groups to attend the unit during factory surveys and as I stated once before, during a factory survey we can as easily cope with 100% of the staff as with 50-70%, as we do at present.

I would particularly draw attention to the figures relating to the number of school staff passing through the mass radiography unit. You will note that we X-rayed 447 in East Cumberland but that only 25 were examined in West Cumberland and all the latter were from a private school. Whilst I appreciate that many of the staff attend ordinary public sessions, I feel very strongly that school staff and indeed anyone dealing with the education of young children and coming in contact with them should have a regular chest x-ray examination. This not only applies to school teachers but to canteen staff and I also feel that the Medical Officer of Health in his capacity as School Medical Officer should have available to him the results of such examinations. There is one further point in this connection and that is that staff should pass through at the same time as their pupils and thus by their example impress their young charges with the importance of an X-ray check-up.

During 1955 the investigation of suspects was pursued vigorously from the chest centres, the net being spread wider by including contacts at work and remote family contacts and in the X-ray examinations, the mass radiography unit played an ever increasing part, the number of such examinations increasing by practically one third. This increase has been particularly marked in West Cumberland where our colleagues have been able to intensify their efforts.

It is now calculated that of the total population of 300,000 in the Special Area, practically 120,000 have passed through the unit. Whilst this extra 20,000 is a comparatively small figure, the steady increase, year

by year, is very satisfactory. Many of the new cases of tuberculosis found in 1955 had never passed through the unit before and there is no doubt that the knowledge that we have no sanatorium waiting list and that tuberculosis can be cured is spreading and breaking down barriers which it would have been impossible to attack five years ago. It is a great pity that pulmonary cancer did not carry the same good prognosis today as does tuberculosis but in the present state of our knowledge, it should and ought to be realised by everyone that the only possible hope of survival in pulmonary cancer is early diagnosis and early diagnosis means in fact the radiological discovery of a small isolated lesion.

Whilst such lesions are not always malignant and indeed in young people they are often in the nature of localised tuberculomata, they merit very full investigation when discovered radiologically and in most cases diagnosis cannot be accurately made until surgical intervention has been carried out. It is therefore most important that the individual should realise that his best insurance policy as far as both tuberculosis and cancer of the lung is concerned is for him to pass through the mass radiography unit at least once every twelve months. This applies to both sexes and in the case of cancer particularly to those over the age of 40.

Once again I would repeat myself in emphasising that the results of the mass radiography service cannot be assessed on the number of abnormalities found nor on the number of new cases of active tuberculosis and cases of cancer discovered. Important though these figures are it is no less important to be able to give an assurance that so large a proportion of the general public have normal chest X-rays.

Acknowledgments

Once again it is a pleasure to acknowledge the valuable help received in the chest centre work from the staff of the County Health Department.

I would particularly like to pay tribute to Dr. Kenneth Fraser whose encouragement and interest in our work has been of such immense value. Not only have I benefited greatly by the experience and knowledge of the area placed so freely at my disposal by

Dr. Fraser, but his personal help and advice has not only contributed largely to the present state of the tuberculosis scheme, but has greatly facilitated the widespread operations of our mass radiography unit throughout the Special Area.

Our relations with the new County Medical Officer are already, I feel, established on a firm basis, and we are looking forward to the same happy co-operation as has been experienced in the past.

W. HUGH MORTON,
Consultant Chest Physician.

The Chest Centre,
City General Hospital,
Carlisle.

May, 1956.

WEST CUMBERLAND

(Dr. R. Hambridge, Consultant
Chest Physician)

The twelve months under review have been marked by no distinct alteration either in the pattern of the Chest Service's activities or in the trends which have been noticeable in the Annual Statistics of the past few years. Certain milestones, however, have this year been reached—and some passed—which appear worthy of comment :

Despite statements to the contrary, the number of new cases of tuberculosis diagnosed annually again shows a slight decrease. Whilst allowance must be made for variations due to such intangible factors as public co-operation, seasonal incidence of respiratory disorders generally, and others, the distinct change in the Case Rate noted in 1954 has continued and it does not now appear premature to draw attention to the probable decline that may be anticipated in mortality from tuberculosis in the future.

The mortality rate from respiratory tuberculosis is now appreciably less than the average for the United Kingdom. Further, the rate of decline in deaths in West Cumberland has been considerably more rapid than for the country as a whole—and indeed more so than most other communities. Holland has recently attracted attention by a decline in tuberculosis mortality of 80% in 5 years : West Cumberland's figures show a decline of slightly more than 80% in the past 4 years, whilst the United Kingdom's figures are a decline of 67% in 5 years.

For the first time, no cases of tuberculosis meningitis arose in this area : there were neither cases arising in children or the aged, in which groups a prevalence has previously been observed. It would be premature to forecast a continuance of such freedom from a particularly malignant form of disease, but complete absence of notification of it amongst children does augur well for the future control of infection.

There have been beds immediately available in hospital or sanatorium for any patient willing to accept institutional treatment when recommended and facilities for any form of surgical treatment—minor or major—have been available with no more delay than is inherent in a system which requires transfer of the patient from one hospital to another consistent with economy of bed occupation at both places.

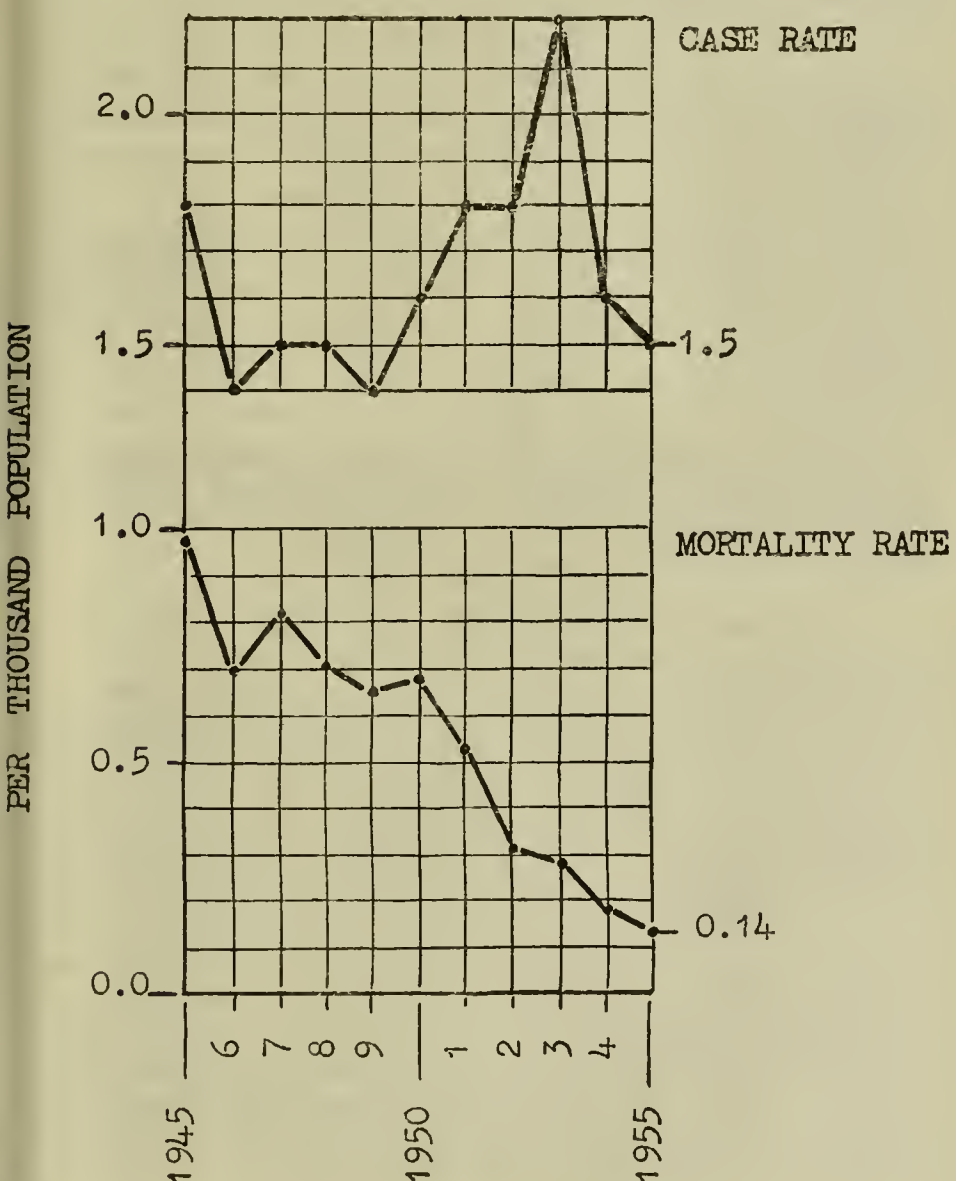
This somewhat changed face of the tuberculosis problem in West Cumberland is in itself gratifying. It indicates that the area is not only no longer out in the cold, but has begun to set behind it the aftermath of a social disease accentuated by years of depression. But there is no ground whatsoever for believing that no problem now exists: the details of diagnosis and treatment which follow are some measure of the present incidence of disease—which is high—and the intensity of procedures required to contain it. Without the latter, despite a vastly improved standard of living in the community and despite the comparative ease with which a once killing disease can now be rendered, in the main, benign, infection will continue and disease will occur at a rate which will stultify efforts aimed at prevention. The latter can only be reached by, if anything, an augmented programme of diagnosis and control. Foreseeable developments in chest clinic buildings both at Workington and at Hensingham should help to make this possible: and with improved facilities for local treatment at Homewood to be available in the near future it appears that the responsibility of the hospital authority to the public, so far as the medical aspects of tuberculosis and diseases of the chest are concerned, will be thoroughly and adequately discharged. The social and economic blight of long term illness occurring predominantly in the working male population of middle age is a problem that has not, however, been faced squarely, nor have appropriate measures been taken to alleviate family distress and hardship which in many cases is acute. This aspect of the care and after-care of the tuberculous in West Cumberland requires initially full and human consideration, and subsequent practical development if ultimate **control** of disease, as a public health aim, is to be achieved.

Details of the year's work at the various clinics and centres for treatment follow.

The Registrar General's estimate of the population in West Cumberland in 1955 is set at 134,180. From amongst this community, 214 fresh cases of tuberculosis were notified in the year—a decrease of 10 cases on the 1954 total. Again, owing to delay in notification of cases diagnosed late in 1954, the total of 214 overstates the true number of cases diagnosed in 1955.

The **Case Rate** per 1,000 population for 1955 was 1.5, and as can be seen from the following graph, displaying observed incidence of disease and mortality, there is again a decided fall in both morbidity and mortality.

COMBINED GRAPH SHOWING ANNUAL CASE AND DEATH RATES.
TUBERCULOSIS: ALL FORMS
1945-1955.



As has been noted in previous reports, the rising case rates in the years 1949-1953 inclusive are more probably attributable to much wider and more intensive diagnostic procedures than to a true increase in the number of cases occurring annually. With the removal from amongst the community of these sources of infection there should be a noticeable decrease, in future years, in the number of cases of disease.

Tuberculosis Register.

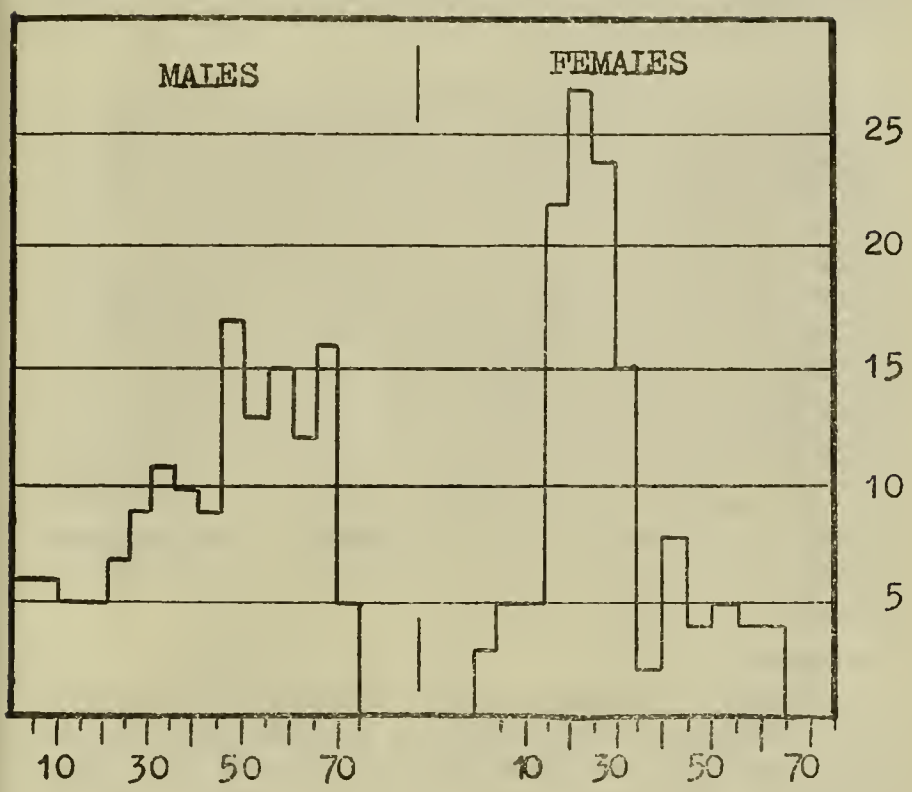
At the 31st December, 1955, the register contained 1,457 cases of respiratory disease and 147 non-respiratory cases, totalling 1,604, which represents an increase, in the number of notified cases remaining under supervision, of 170 during the year.

The total number of known cases per 1,000 population now is 11.9 compared with 10.3 in 1954, 9.04 in 1953 and 7.5 in 1952. In the following graph, the distribution by age groups of fresh notifications in 1955 shows even more definitely the tendencies noted in 1954, for womenfolk to carry an especial risk of disease between the ages of 15-25 years, and for men the risk increases with increasing age, with a particular emphasis on the groups 50-70 years.

It cannot be too strongly emphasised that this latter group—males aged 50-70 years—constitute a particularly dangerous group from the public health aspects of tuberculosis. A man aged 65 and otherwise well, may not suspect his recurrent cough of anything other than a cigarette phenomenon. He argues that after 65 years of good health, there is no need for him to have an X-ray for his cough. This changing trend in the age of attack of tuberculosis upon men is one of the most ominous threats to control and prevention, because of its apparent paradox to the layman; because of the probability of his being not only father, but grandfather; and because of the close family ties and habits of the community upon which this observation is based. Nor should it escape notice that the maximal mortality amongst men occurs in this same age group.

FRESH NOTIFICATIONS:

1955.



AGE IN 5 YEAR GROUPS.

During 1955 a detailed analysis of the state of the Tuberculosis Register has been carried out, in the belief that by this means, a more critical set of standards than is afforded by mortality and morbidity rates might be obtained. The information available to date has not been subjected to the statistical method: but it is possible to infer the following points.

Of those cases already diagnosed prior to 1955, 32% were sputum positive at diagnosis: whilst of those cases diagnosed during 1955, 14% were sputum positive. Whilst it is now common knowledge that cases are diagnosed much more commonly than hitherto before a stage of frank infectiousness is reached, it is of interest to assess the relative frequency of this hap-

pening. It has, further, been possible to break down the figure for different parts of West Cumberland, from which it emerges that whilst 12% of new patients found in the Ennerdale Rural District are infectious at diagnosis, some 16% of such are sputum positive in the Whitehaven area.

Taking the extent of disease at diagnosis as a line of enquiry, the discrepancy between these two adjacent and comparable populations is even more marked. In both Whitehaven and Ennerdale, those cases already known prior to 1955 whose disease was moderately advanced constituted 47% of the register in each area: new cases arising in Whitehaven and Ennerdale during 1955 were moderately advanced at diagnosis in the order of 42% in Whitehaven and 34% in Ennerdale. The proportion of far advanced cases in each area diagnosed in 1955 was 1/10 and 1/11 respectively. Thus it appears that, whilst the rate of identification of new cases in each of these two areas is roughly equal, a larger proportion of moderately advanced cases is likely to be found in Whitehaven than in the Ennerdale district.

Treatment.

Probably no single aspect of tuberculosis control has undergone so revolutionary a change in the past seven years as has the type of treatment now being extended. The potency of modern drugs in limiting tissue destruction and its attendant toxaemia has made domiciliary treatment infinitely more secure than hitherto, but possibly not to the extent which patients in the main appear to believe to be the case. Few cases fail to improve on domiciliary rest and chemotherapy: but few can be said to be permanently healed thereby. Nevertheless, the extremely common practise of initiating treatment on these lines continues, largely in deference to the patient's wishes, which in most cases are expressed in the simple and straightforward form of refusal to enter hospital for treatment: or the more arresting method of self-discharge from sanatorium before treatment is complete. As the following details indicate both procedures continued during 1955. Despite these difficulties, however, there are indications that within the forseeable future the needs for specialised treatment will diminish rather than the reverse.

Of new cases diagnosed in 1955 40% were admitted to sanatorium or hospital as the first step in treatment: 24% embarked on domiciliary chemotherapy, whilst 36% initially, though not necessarily permanently, suffered no interference with their normal daily activities but remained under out-patient supervision.

Where admission was indicated, beds were available locally at Ellerbeck and Galemire, and more remotely at Blencathra, Poole and Hexham. Surgical cases continued to receive preoperative investigation and treatment at Seaham Hall where a rapid and comparatively incident-free turnover of cases has been maintained. After so many years of impoverished thoracic surgical facilities, West Cumberland may well now regard the existing surgical service with extreme gratification, as one of the safest and most definitive methods of dealing with an otherwise dangerous, frustrating and demoralising disease.

Admissions:

MEDICAL:

Ellerbeck	... 74	)		
		)	97 (103)	
Galemire	... 23	)		Figures in
Blencathra	... 74	)		brackets give
Poole	... 8	)		
		)	95 (93)	1954 totals.
Wooley	... 5	)		
Others	... 8	)		

SURGICAL:

Seaham Hall	... 43	(54)

From the remote institutions 22% took their own discharge whilst from local beds 10% did so.

The failure of so many patients to accept treatment in sanatoria has had its repercussions in facilities for treatment locally as envisaged two years ago. It was thought in 1952 that a 100-bed hospital at Camerton would be required. This proposal for various reasons was abandoned and as an interim measure, beds at Ellerbeck and Galemire were provided to the detriment of their existing use—pre-convalescence and infectious diseases. When considering the bed usage of Homewood, the trend in bed occupancy for tuberculosis in West Cumberland had to be borne in mind and this is most clearly seen from the following.

In March, 1954, the total of beds available and used by West Cumberland was 124: and, at each succeeding quarter since then, the corresponding figures have been :—

June, 1954	121	March, 1955 ...	100
September, 1954	113	June, 1955'	91
December, 1954 ..	102	September, 1955	79
		December, 1955 ..	75

It can thus be seen that so long as the present trend in treatment—a mixture of domiciliary chemotherapy, in-patient assessment for prolonged medical measures or surgical intervention, and hospital admission for post operative convalescence—continues, and with a falling rate of attack both in frequency and severity of disease, the need for any major expansion of facilities for treatment can scarcely be justified. When 40 beds at Homewood are opened and with the continued use of some beds at Galemire and Blencathra the probable needs of this area should be answered—and at a fraction of the cost of the Health Service that in 1952 was contemplated.

Out-Patient Treatment:

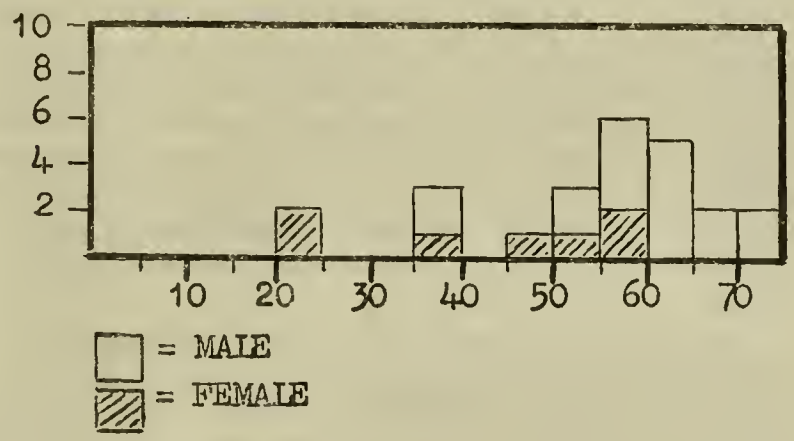
Refill Clinic attendances—for maintenance of collapse therapy—have again fallen. The total number of patients now receiving such treatment is 152 (185 in 1954), the average weekly attendances being 86 (96 in 1954), and the total attendances during the year being 4,603. As forecast last year, this form of treatment will continue to decline in the face of growing confidence in thoracic surgery.

The continued extensive use of domiciliary chemotherapy has been possible only by the ready co-operation of the family doctors, district nurses and health visitors, upon whom the burden either of prescribing or administering the drugs has fallen

Deaths.

There were 16 deaths from respiratory tuberculosis and 3 from non-respiratory forms during the year, giving a mortality rate, as already mentioned, the lowest recorded in West Cumberland of 0.12 per 1,000 for respiratory and 0.02 for non-respiratory forms. The

combined rate of 0.14 per 1,000 is now well below both the National Average and the average for the Newcastle Region. As in 1954 a group of cases suffering from pneumoconiosis and tuberculosis, but in whom no steps had been taken during life to attempt to deal with the tuberculosis aspect of their pulmonary disorder, presented for diagnosis at autopsy. These apart, there were no posthumous notifications in the area in 1955. As noted in 1954, the majority of deaths, now occur in persons 45 years of age and older. This age group constituted 80% of the deaths in 1955, as shown graphically below: only 2 people below the age of 35 died.



TOTAL DEATHS FROM TUBERCULOSIS ALL FORMS, BY 5 YEAR AGE GROUPS 1955.

Contact Examinations:

With some procedural rearrangement at contact clinic sessions it has been possible to examine an even larger number of contacts than in 1954. It was decided that attendances for certain routine procedures associated with the giving and documentations of B.C.G. vaccine should be suspended in favour of the wider coverage of contacts that would be possible by reducing attendances of B.C.G. vaccinates. By this means 1,376 children were seen at the clinics in this area (845 in 1954) and a further 895 women and 782 men X-rayed by any of the means available—hospital, chest clinic or Mass Miniature Radiography—making

a total of 3,047 contacts examined, compared with 2,788 in 1954.

The ratio of new contacts seen to new cases diagnosed is 3,047: 214—14:1. It is perhaps worth emphasising that the routine contact search in West Cumberland is designedly still almost entirely confined to the siblings, offspring, family and marital relatives of each case diagnosed. Although works, factory and vocational contact search may yield some fresh cases and may give a satisfactory looking ratio of new contacts to new cases seen, there can be little doubt that, so far as West Cumberland is concerned, the attack rate of infection and the consequent onset of disease are sufficiently high in family circles to make a change in emphasis of search completely unjustifiable. It will be seen from the annual report of the Director of the Mass Miniature Radiography Unit that from amongst contacts examined on the unit in East Cumberland 1.3 cases of new active tuberculosis per 1,000 were found: whereas in West Cumberland 5 per 1,000 were found on Mass Miniature Radiography attendances.

Although the Mass X-ray Unit is a convenient way of arranging contact X-rays for the person concerned, there is no doubt that the procedure lacks completeness. A random sample of returns from the Mass X-ray indicate that at the most only one person in every three advised to attend the Unit for x-ray because of family contact with a known case, did in fact attend in 1955.

Some index of the rate of infection amongst child contacts may be given by the following figures. In reading them, however, it should be borne in mind that many of the children tuberculin tested may not in fact have been close contacts of the index case, and indeed in most cases when B.C.G. is contemplated it is only from amongst the more remote relatives of a case that the suitable uninfected state of a child is found.

Child Contacts Seen at Egremont Clinic, 1955.

Age.	Non-Reactors	Reactors.	% infected
0— 4	156	36	19
5— 9	104	51	32
10—14	71	47	40

In West Cumberland the reactor rate of all children aged 15 and under seen in 1955 was 43%. From child contacts examined 687 were vaccinated with B.C.G. (567 in 1954; 224 in 1953; 87 in 1952; 60 in 1950/51) representing an acceptance rate by the parents of 88% to the procedure.

Chest Clinic Attendances:

A further increase in attendances occurred at all three clinics during the year. Annual returns are set out below :

Consultative Sessions:

Clinic.	Workington.	Egremont.	Millom.
Total attendances	3264	3145	338
New out-patients	1111	1127	77
Number of sessions	147	137	17
Average attendance per session	22	23	20

As previously mentioned, the Refill Clinic, which is held at Workington Chest Clinic, brought 4,603 total attendances, there being 100 sessions held in the year, the average attendance per session being 46.

The total clinic attendances—11,350 (10,383 in 1954.)

Case finding procedures:

Throughout 1955, periodically, the Mass X-ray Unit operated in West Cumberland and a summary of its findings is set out below. The rate of disclosure of fresh active cases of tuberculosis was 3 per 1,000 persons examined—a rate almost double that of East Cumberland. It is unfortunate that comparatively few people pass through the unit in a given time when it is in the West, as this leads to the view that its services would be better occupied elsewhere. Quite possibly this view may encourage the deployment of the unit in areas as far away as Gateshead and now possibly Scotland—to the detriment of the areas it was intended to serve locally. There is not the slightest doubt, however, that increased attendances on the unit would occur if it were not forever on the move. By the time the public, who do not, contrary to some beliefs, always wait upon its arrival in the vicinity

with keen anticipation, becomes aware of its presence it is frequently gone. Although publicity is given its activities it is almost certain that this does not reach many places where it could: early diagnosis, despite the hospital x-ray facilities in West Cumberland, is still very largely a prerogative of the Mass X-Ray Unit. Without its effort in 1955, over 60% of the new cases found would have remained undetected until further advance of disease brought the patient into medical care. There appears to be a danger now, largely due to the smallish numbers which attend locally, of the unit passing largely to other areas, where its employment may be regarded as economically more justifiable. It is again worthy of comment that some 30,000 persons examined in East Cumberland showed active tuberculosis in 50, whereas 20,000 West Cumberland examinations disclosed 60 fresh cases. In the general public sessions it required 12½ thousand attendances in the East to produce 2/3rds of the cases found in 7½ thousand attendances in the West: whilst in the surveys at factories, works and other establishments two cases were found in West Cumberland for every one found in the East. So long as this order of discrepancy exists there is a strong case for the unit's activities being focussed with some emphasis on West Cumberland rather than the reverse. It can justify its continuance only if the public and the doctors in the area do not allow its time here to be uneconomic.

Routine ante-natal chest x-rays throughout the year taken either at the hospitals or chest clinics, produced 7 new cases of disease in 830 such examinations — and in addition 15 mothers, whose X-rays showed evidence of tuberculous disease not requiring treatment, were advised — and accepted— B.C.G. vaccination of their new borns. It seems possible that these measures may have contributed to the area's complete freedom from tuberculous meningitis in infants.

Mass X-Ray, West Cumberland, 1955.

Source of Examination.	Miniature Films.	Large Films.	Clinical Exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms.	Pneumoconiosis.	Cardiac Condition.
Doctor's cases ...	120	15	9	1	5	3	—	2	—
Ante-natal cases	15	—	—	—	—	—	—	—	—
Contact cases ...	1432	100	29	7	69	1	—	8	4
Scholars	4284	81	21	2	17	4	—	—	2
School staff ...	25	1	1	1	—	—	—	—	—
General Public ...	7677	346	120	30	126	13	1	66	48
Surveys	6056	203	68	17	79	4	—	4	11
Mentally defective patients	325	26	7	2	6	—	—	—	5
TOTALS ...	19934	772	250	60	302	25	1	80	70

THE WELFARE SERVICES

I am indebted to the County Welfare Officer (Mr. Walker) for the following report on the Welfare Services, the administration of which is in the hands of the Welfare Sub-Committee of the Health Committee.

NATIONAL ASSISTANCE ACT, 1948

Welfare Services for the Aged and Infirm

As will generally be accepted, the Ministry of Health's last Annual Report, which reflected the national position, was very satisfactory and encouraging to local authorities when all the relevant considerations were taken into account. Services were moving forward and there were many indications of acceleration in pace. Progress in the provision of additional residential accommodation was worthy of note, in that during the year mentioned 99 further small homes were opened in England and Wales, bringing the total since the end of the war up to 798, with accommodation for something like 23,000 persons. Forty-three of the homes were new buildings, and at the end of the year 34 homes of new construction were in course of erection, with a further 22 approved.

The national picture for 1955 has yet to be painted but, even so, I am sure that Cumberland's contribution to the advance of welfare services in general will not be out of keeping with other authorities in the overall progressive pattern which it is hoped will emerge.

Over the past 8 years I think one might readily claim that Cumberland's ideals, plans and purposes—though perhaps a little retarded here and there by financial and other considerations—have been and are in keeping with the general principles of the National Assistance Act, 1948, one fundamental object being to achieve the final break up of the Poor Law by the creation of entirely new services founded on modern conceptions of social welfare.

Residential Accommodation

During the year ended 31st March, 1956, the Council's policy of providing, by stages, modern type residential accommodation for persons in need of care and attention not otherwise available to them, has been further advanced by the opening on the 1st November, 1955, of a new mixed home in Whitehaven providing accommodation for 32 elderly males and females. For the southern part of the County (embracing Millom and the surrounding areas), adaptations to a small mansion known as The Croft, Kirksanton,

are proceeding, and it is hoped that this new mixed home for 18 persons will be opened before the end of the year.

Proposals for the erection of two mixed homes of about 35 beds each—one in Workington and one in Maryport—have been approved by the Council, and although a site for the Maryport home has been selected and revised plans approved by the Ministry, it is a matter of regret that, in view of the present economic situation, the Minister is unable for the time being to approve an application for loan sanction for the cost of the work. Authority has, however, been given for the Council to proceed with the preliminary work on the preparation of Bills of Quantities, etc., in order that there may be no delay when the present restrictions are eased.

So far as the Workington scheme is concerned, the position is that as yet no suitable site has been found. Investigations are, however, proceeding.

When these two schemes are completed, one can then perhaps visualise the early closing of Meadow View House, Whitehaven (a former public assistance institution) which, as previously mentioned, could never take a place in the modern planning of residential accommodation of the future.

Whilst on the subject of Meadow View House, Whitehaven, which incidentally is still a joint user institution, it will be recalled that in last year's report reference was made to a certain land subsidence in June, 1954, which had the most unfortunate effect of causing the closure of the hospital block of some 90 beds for chronic sick patients. After extensive investigations, including the sinking of 11 boreholes, consideration was given to the tentative conclusions drawn from the information available, from which it appeared that whilst it was not expected further settlement would take place, the centre portion of the hospital block was definitely unsafe for further use. Having been informed that the building, with the centre portion rebuilt, or the two wings which would remain if the centre portion were demolished, would not in either case be suitable or required for use as residential or temporary accommodation, and it being clear from

correspondence with the Regional Hospital Board's Special Area Committee for Cumberland and North Westmorland that they had no further interest in the premises, the County Council confirmed a recommendation that the centre portion of the hospital block be demolished and the gables of the remaining wings made weatherproof. Proposals for the future use of the two wings are to be the subject of later consideration.

The enforced closing down of some 90 beds for chronic sick patients added further to the difficulties of the Hospital Board in meeting demands for beds and, in order to give the utmost help possible, the Board were given the use of the male infirm block (a self-contained unit at Meadow View House) which continues to function as a unit of 31 beds for chronic sick patients.

As a further indication of co-operation with, and in giving help and assistance to, the Hospital Board, it will be of interest to record that the former casual ward at Highfield House, Wigton, adapted as a 15 bed annexe to the main hospital, was brought into use on the 25th April, 1956, thereby increasing the number of beds at Highfield House for chronic sick cases from 35 to 50.

Generally speaking, the functions of the County Council under the National Assistance Act, 1948, have been so clearly defined and commented upon in my reports over the past 7 years that there is little one can add by way of further comment on the progressive nature of the various policies being pursued and referred to in those reports.

Present Part III Accommodation and Hospital Facilities for Chronic Sick

Part III. residential accommodation is at present provided in three establishments (attached to which are small hospitals or sick ward blocks catering in the main for the chronic sick) and three modern hostels. The establishments are :—

No.	Establishment	Number of Beds					
		Part III. Accommodation			Hospital		
		Males	Females	Total	Males	Females	Total
1.	Station View House, Penrith	28	16	44	16	16	32
2.	Highfield House, Wigton	50	19	69*	17	33†	50
3.	Meadow View House, Whitehaven ...	110	40	150	16	15	31
4.	Grange Bank, Wigton	—	19	19	—	—	—
5.	Derwent Lodge, Papcastle ...	18	—	18	—	—	—
6.	Garlieston, Corkickle, Whitehaven ...	15	17	32	—	—	—
		221	111	332	49	64	113

*At present overcrowded. Position under review.

†Includes 15 beds in Annexe opened on 25th April, 1956.

As the predominant user of the three former institutions (1 to 3) prior to 5th July, 1948, was for other than hospital purposes, they remain wholly vested in the County Council.

The following table shows the number of admissions and discharges during the twelve months to the 31st March, 1956 :—

	Station View House, Penrith			Highfield House, Wigton			Meadow View House, Whitehaven			Grange Bank, Wigton		Derwent Lodge, Papcastle		Garlieston, Whitehaven*	
	Part III.	Hosp.	Total	Part III.	Hosp.	Total	Part III.	Hosp.	Total	Part III.	Total	Part III.	Total	Part III.	Total
Admissions	16	31	47	40	45	85	154	†87	241	7	7	9	9	30	30
Discharges	12	11	23	39	20	59	157	30	187	6	6	4	4	3	3
Deaths	2	20	22	—	25	25	11	42	53	2	2	2	2	—	—
Residents and Patients maintained on 31/3/56	34	32	66	48	34	82	107	29	136	18	18	18	18	27	27

*Opened 1st November, 1955.

†5th July, 1954. Hospital of 90 beds for chronic sick closed on account of land subsidence, all patients being transferred to other hospitals in and beyond the County.

†28th March, 1955. Male Infirm Block adapted to provide 31 beds for chronic sick patients and opened on 28th March, 1955.

Charges for Accommodation

In accordance with the provisions of Sec. 22(2) of the Act, and in fixing the "standard charge" from the 1st October, 1955 (the charge then being £4 13s. 4d. per week for the Part III. section of joint user establishments and £4 6s. 11d. per week for the modern type hostels) consideration was given to (a) the continued rise in costs, (b) the capital sunk in the buildings, and (c) a recommendation of the local authority Treasurers that there should be included a notional rent at the rate of 13s. 4d. per person per week (save in the former Public Assistance Institutions where it should be 10s.) together with a charge of 5% for central administration. The "standard charge" was accordingly fixed at £5 11s. 5d. and £4 12s. 9d. per week respectively for residents in (a) the joint user establishments and (b) the modern type hostels. The rates will remain in force until reviewed by the Committee after considering the costing statement for the financial year ended 31st March, 1956. During the year ended 31st March, 1956, the total payments by residents amounted to £22,030, as against £16,860 for the year ended 31st March, 1955. In a few cases only did the respective Area House Committees find it necessary to write off small outstanding amounts as irrecoverable.

Monetary Recompense to Residents Rendering Assistance

Residents who voluntarily give a substantial measure of regular assistance in the running and maintenance of Part III. accommodation, continue to have their accommodation charges waived up to a maximum of 10s. 6d. per week for such period as the House Committees may decide. In addition, each resident has an allowance of 7s. 6d. per week for personal requirements.

At the end of March, 1956, there were 27 males and 17 females receiving remissions of 2s. 6d., 5s., or 7s. 6d. per week, having regard to the measure of regular assistance given. The total remissions or reductions in collections amounted to £8 7s. 6d. per week, or at the rate of approximately £435 10s. per annum. The position in each case is reviewed monthly

by the Area House Committees, when consideration is also given to new or other cases qualifying for inclusion within the arrangement.

Medical Attention

General medical supervision of the Part III. accommodation is undertaken by the former medical officers, who are also responsible for the treatment of patients in the accommodation reserved to the Regional Hospital Board.

Residents have the right to select their own doctor and the matter of the capitation fee payable to the doctor lies between himself and the Executive Council appointed under the National Health Service Act, 1946. Chiropody services have been provided free of cost to the residents, who derive much benefit therefrom.

Holidays

Under the amenity provisions of the Act, the County Council have, over the past six years, authorised a week's holiday at the seaside or other approved place, for aged residents in Part III. accommodation. This holiday is arranged in the early part of the season, advantage being taken of specially reduced boarding rates offered to local authorities arranging holidays for old people. The holiday is of great benefit from a health point of view and is greatly appreciated by the old people.

Residential Accommodation provided by Voluntary Organisations

The arrangement with tne Carlisle Diocesan Council for Social and Moral Welfare, whereby residental or temporary accommodation was made available at Coledale Hall, Carlisle, for a like purpose as that provided by the County Council under the Part III. provisions of the Act, operated to the advantage of the County Council, appropriate annual grants being made to the Diocesan Council, on the basis of records of County cases received into Coledale Hall.

Temporary Accommodation

Accommodation is at present provided at the only places available, viz., Meadow View House, Whitehaven, and Highfield House, Wigton, and during the

year ended 31st March, 1956, 24 cases (representing 15 men, 12 women and 26 children) were provided with temporary accommodation due to eviction from houses or rooms or inability to find suitable lodgings. the highest number maintained in any one week being 23 persons (8 men, 4 women and 11 children). The 24 cases consisted of 10 family units. On the 31st March, 1956, temporary accommodation was being provided for 4 men and 1 woman.

On the general question of temporary accommodation for evicted families the arrangement, effected some time ago, whereby local housing authorities supply information regarding potential cases of eviction, continues to operate. Defaulting tenants are interviewed. advised of the consequences which might follow eviction, and as to the nature and cost of accommodation which might have to be provided for them. As previously mentioned, this arrangement has had the effect of some defaulting tenants, seeing the error of their ways, with a consequent staying of eviction proceedings.

On the site at Merrythought now used as a reception centre for casual wayfarers (see reference on page 148) are a number of huts—surplus to present requirements—which the Ministry of Works are prepared to lease to the County Council, subject to the cost of reconditioning by the Council being taken into account in determining the rental. Such a scheme, under the direct supervision of the Warden of the reception centre, would be ideal, in that

(a) homeless families would be required to fend for themselves in the way of personal hygiene, cleanliness of premises, preparation of meals, laundry services, etc., as against accommodation in the former Public Assistance Institutions where such services are laid on in a communal way by the Committee of Management;
(b) young children would not be in association with elderly inmates of a mixed institution; and
(c) families would tend to seek permanent accommodation elsewhere rather than settle down to what could be described as "an institutional life."

The preparation of a scheme for the use of the surplus huts as temporary accommodation for the purposes of Sec. 21(1)(b) of the Act, is at present in the hands of the County Architect but, with the present restrictions on capital expenditure, it may be some time before it can go forward.

Old People's Welfare—Voluntary Effort

The Cumberland Old People's Welfare Committee continues to stimulate and develop voluntary interest in the well-being of aged persons living in their own homes, in an effort to increase the number of local Old People's Welfare Committees in urbanised areas and the expansion of the novel scheme of "old people's friends" in the rural areas. Every support continues to be given to the voluntary committee in the furtherance of its efforts in the direction indicated.

A novel conference of representatives of the Churches, statutory bodies, local authorities and voluntary organisations, to take place in Carlisle in July, 1956, has been arranged by the Cumberland Council of Social Service, the object being to exchange information and to foster a greater measure of understanding and co-operation between all concerned with the general well-being of the community.

Welfare Services for the Blind, Deaf and Dumb, and other Handicapped Persons

These services are now so firmly established on clearly defined lines that there is little change to record from year to year, although much help and advice continues to be given to the Council's agents on matters of general administration and individual problems.

The agency arrangements with

(a) the Cumberland and Westmorland Home and Workshops for the Blind;

(b) the Barrow, Furness and Westmorland Society for the Blind; and

(c) the Carlisle Diocesan Association for the Deaf and Dumb;

have continued throughout the year, and reports on various aspects of the services have been presented to the Welfare Committee.

(a) Blind

Taking into account new admissions to the register, de-certifications, removal and deaths, the number of registered blind persons in the administrative County shows no increase during the year under review. Actually the number of new admissions to the

register was 56. The total number of blind persons registered on the 31st March, 1956, was 499, classified as follows :—

Age Group.	Males	Females	Total
0- 5	2	2	4
5-10	1	1	2
11-15	2	—	2
16-20	2	2	4
21-30	6	6	12
31-39	14	9	23
40-49	13	14	27
50-59	28	26	54
60-64	14	25	39
65-69	19	27	46
70 and Over	119	167	286
Total	220	279	499

In addition, there are 108 persons registered as partially sighted.

The new workshops at Petteril Bank, Carlisle, which were occupied as from 4th July, 1955, provide ideal facilities for sheltered employment which is to be extended in the near future to other handicapped persons not suitable for employment in open industry.

The Cumberland and Westmorland Home and Workshops for the Blind also act as agents to the Carlisle County Borough Council and, as will be seen from the attached report (see Appendix I.), which gives a picture of the organisation and service as a whole for that part of the geographical County covered by the agency arrangements, the welfare services provided for the blind are very comprehensive.

(b) **Deaf and Dumb**

The Carlisle Diocesan Association for the Deaf and Dumb (affiliated to the National Institute for the Deaf) operates throughout the geographical Counties of Cumberland and Westmorland, the Furness area of the Lancashire County Council, and in the area of the County Borough of Barrow-in-Furness, and is the only Association in those areas providing a welfare service for deaf and dumb persons of all denominations. The Association has institutes in Carlisle and Barrow, with centres in Kendal and Workington, where the deaf and dumb may enjoy special services by means of finger spelling and gesture.

In the whole area on the 31st March, 1956, there were 250 deaf and dumb persons on the registers distributed and classified as follows :—

Category	Cumb. C.C.	West. C.C.	Lancs. C.C.	Barrow C.B.C.	Carlisle C.B.C.	Total
School age or under ...	15	6	2	7	11	41
In Institutions	2	3	1	1	1	8
In Mental Hospitals ...	5	—	1	—	1	7
In full-time employment	61	11	9	12	22	115
Married women at home	16	3	2	5	11	37
Single women at home	8	3	2	3	—	16
Unemployed—age ...	5	1	1	2	4	13
Unemployed—infirmity .	2	—	1	2	1	6
Unemployed	1	—	—	1	1	3
Private means	—	—	—	1	3	4
	115	27	19	34	55	250

During the twelve months under review, 1,217 visits were made by members of the association staff to deaf and dumb persons in the area, the number including routine visits to persons who are unable because of distance, isolation and other reasons, to attend the institutes and social centres in Carlisle, Barrow, Kendal and Workington. Visiting often brings to light personal problems in the solution of which the visiting Missioner can offer advice and help.

In regard to the work of the Association, I have attached to this report as Appendix II a statement giving a summary of activities during the year to 31st March, 1956.

(c) **Other Handicapped Persons**

Under the scheme of welfare services for handicapped persons other that the blind, partially sighted and deaf and dumb—the more important features of which were given in detail two years ago—the first requirement was the compilation of a register which would give a complete classification of persons and the different categories of disability. In co-operation with the local office of the Ministry of Labour and National Insurance, forms of application for registration with the County Council were issued to registered disabled persons.

Consideration has been given to the best means to adopt to ensure that the resources of the County Council, and eventually other agencies might be

utilised in assisting handicapped persons in the spirit and letter of the scheme adopted by the County Council, it being appreciated that there are varying degrees and different types of disability and that the problem also varied with the age of the person. After considering the results of a provisional investigation into a number of the applications received for registration, it appears, without detailed analysis, that varied help of the following type was needed :—

1. Cases where assistance in training in handicrafts, crafts or other skilled activity would be helpful either (a) to help in keeping a handicapped person better occupied at home, i.e., in the nature of occupational therapy; or (b) with a view to home employment eventually.
2. Training for sheltered or open industry, e.g., commercial subjects or skills.
3. Cases where the education organisation could help, e.g., in teaching, reading or writing.

Accordingly, it has been decided to set up a Consultative Panel on similar lines to that constituted for dealing with blind persons for consideration and taking such action as may be necessary on reports submitted from time to time arising out of detailed investigations on individual applications for registration, and to consult with the Ministry of Labour and National Service and ascertain what opportunities there are locally in open industry for handicapped persons.

Certain cases have already been dealt with and assistance given, but it can only be by a process of careful timing, with due regard to the financial considerations which may be involved, that the full benefits of the scheme will accrue to those handicapped persons for whom the services are intended.

For the purpose of Clause 6(2) of the Council's scheme for the provision of welfare services for handicapped persons in this category, the Ministry of Health approved the utilisation of the Cumberland and Westmorland Home and Workshops for the Blind for the employment of up to six sighted handicapped persons, in the first instance, the places to be shared between the Cumberland and Westmorland County Councils and the Carlisle City Council, the block approval for six to be increased as the vacancies were taken up.

The Ministry of Labour and National Service had given similar approval.

The County Council have authorised myself, in association with the Committee of the Workshops for the Blind, to arrange for suitable cases on the County register to receive training and/or employment in the workshops.

Up to the time of writing this report, one case—that of a severely disabled single man (aged 42)—who terminated a course in watch and clock repairing at the Finchale Abbey Resettlement Training Centre (Durham) in February, 1956, has been accepted for employment in the workshops, it being considered that there is ample scope for such a trade or calling. Due to the man's severe crippling condition, adaptations to two rooms in the adjacent residential hostel are being carried out so as to provide ground floor sleeping and living accommodation.

During the year, works of adaptation to homes of handicapped persons by way of wider gateways and incidental works for the garaging of motor propelled tricycles, have been carried out.

In connection with the provision of club rooms and/or social centres, the Workington Town Council granted the County Council a lease of a site in Vulcan's Park, Workington, upon which to erect a club room/social centre—as a pilot scheme for the County—and plans for the building of this centre—estimated to cost £4,000 (buildings) £600 (furnishings) with maintenance costs at something like £200 per annum—are at present before the Ministry of Health. In giving a provisional blessing to the scheme, subject to certain minor improvements, the Minister has stated that in view of the present restrictions on capital expenditure he is not able to give any indication of when work on the centre could begin.

[N.B. It will be as well to mention that this centre, when erected will, subject to planned arrangements, be available for us by handicapped persons of all descriptions, i.e., blind, deaf and dumb and severely handicapped sighted persons.]

Reception Centres
Persons without a Settled Way of Living
National Statistics

The Act imposed a duty on the National Assistance Board to make provision whereby persons without a settled way of living may be influenced to lead a more settled life, and to provide and maintain centres to be known as "Reception Centres" for the provision of temporary board and lodging for such persons. The Act also empowered the Board to require County and County Borough Councils to provide and maintain reception centres, subject to reimbursement by the Board of approved expenditure in carrying out this agency duty.

According to the report of the National Assistance Board for the year ended 31st December, 1955, 12 reception centres were closed during the year, thereby reducing the number to 109 centres at the end of the year. The number of homeless wayfarers or "casuals" accommodated in reception centres each night was lower in every month of 1955 than in the corresponding month of 1954, and the number in July, 1955, was the lowest recorded since the Board became responsible for the work in July, 1948. [Hereon it may be mentioned that July, 1955, was a particularly good month so far as weather was concerned, and it may well be that this was a factor influencing the number of wayfarers seeking a night's accommodation in reception centres during that month. This is, of course, my own personal observation.]

Efforts to resettle casuals continued on the same lines as in previous years; as a result 307 were returned to their families, 802 admitted to establishments provided by Local Authorities under Part III. of the National Assistance Act because they were in need of care and attention, 446 admitted to hospital, 173 sent to Re-establishment Centres, and 11,611 placed in employment. The number of placings in employment showed a pronounced increase over the corresponding figures for the preceding three years in spite of the fall on the average nightly population.

In 1,672 of the 11,611 employment placing in 1955, lodgings were also found. As in past years, it has to

be recognised that the number of employment placings is much greater than the number of individuals placed in employment. As a result of the efforts made by officers of Reception Centres, the Ministry of Labour and National Service and the Board, many casuals were found work on more than one occasion but a high proportion of them failed to take advantage of their opportunities for continuing in steady employment. Nevertheless, even if the average placings did not represent more than a week's work (the first pay day is the most usual point of departure) the total of nearly 12,000 placings was equivalent to over 200 men being kept in employment throughout the year. Moreover, those concerned in the work of resettlement achieve some excellent permanent results in individual cases.

Local position in Cumberland

In the administrative County there was only one Reception Centre which was at Station View House, Penrith, an establishment providing Part III. accommodation and treatment for a number of chronic sick patients together with a maternity unit (R.H.B.). The centre at Meadow View House, Whitehaven, was closed on the 1st March, 1949, and if wayfarers turn up and it is not possible by way of public transport to get them to the nearest open centre, they are given accommodation for the night.

The County Council have carried out the duty since 5th July, 1948, and the following table shows the number of wayfarers dealt with :—

	Penrith				Whitehaven			
	M.	W.	C.	Total	M.	W.	C.	Total
31.3.49 (9 mths. only)	812	28	—	840	152	6	—	158
31.3.50	1822	74	4	1900	54	3	4	61
31.3.51	2403	90	4	2497	28	2	1	31
31.3.52	2694	144	6	2844	6	2	—	8
31.3.53	3337	135	1	3473	2	3	—	5
31.3.54	3331	129	5	3465	3	4	1	8
31.3.55	2727	174	4	2905	—	—	—	—
1.4.55 to 6.12.55 ...	2106	104	—	2210	3	—	—	3

The presence of casual wayfarers in and around Station View House, Penrith, had a detrimental effect on the standard and service therein provided, and some 3½ years ago a proposal was put forward to the National Assistance Board that the reception centre at Penrith should be closed and a new one established

in certain hutted buildings (Crown property)—the Merrythought Hostel—on the main Carlisle-Penrith road.

That ideal arrangement is now an accomplished fact, in that the new centre—known as the Calthwaite Reception Centre—was opened on the 7th December, 1955, when the centres at Station View House, Penrith, and the City General Hospital, Carlisle, were closed.

Our present policy, which has the support and encouragement of the National Assistance Board, is that the new centre should not only be a "Reception Centre" but that it should develop into a "Rehabilitation Centre" and the following statistics covering the period 7th December, 1955, to 31st March, 1956, will be of general interest :—

1. Admissions to 31.3.56 ... 729 (713 males 16 females)
2. Discharges ... ... 716 (701 males 15 females)
3. In Centre 31.3.56 ... 13 (12 males 1 female)
4. **Discharges, Etc.**

(a) To Part III accommodation	2
(b) To Hospital	1
(c) Returned to families	5
(d) Found lodgings at known address ...	8
(e) Placed in employment	35
(f) Apprehended by Police	1
(g) Left for the road	664
Total	716

Civil Defence

Issues connected with Civil Defence, and in particular those relating to the welfare section, continue to receive considerable attention. It is of importance to note that this section, hitherto looked upon by many as the "Cinderella" of the service, has of recent months risen to its rightful place in the structure of Civil Defence. Much remains to be done, not only by way of further recruitment to the section, but also in the training of some 1,638 recruits under the new combined syllabus, an issue to which particular attention will be given during the coming winter months.

During the year under review, Mrs. A. Dixon (a member of the staff of my department) qualified as a Central instructor in the Care of the Homeless Sub-Section and was subsequently appointed by the Council as an Organiser-Instructor of that section. A training

course for potential Instructors, attended by 13 members of the W.V.S., was held in Cumberland, and 8 volunteers qualified as Local Instructors. Other courses are to be arranged so that one can build up a nucleus of qualified instructors to give training and instruction to the 1,638 volunteers mentioned above.

General Observations

During the year the general day to day administrative arrangements have proceeded smoothly, and collaboration established where necessary with the various government departments concerned, and other sections of the County administration, where services additional to those provided under the National Assistance Act could be invoked for the benefit of individuals concerned. Helpful advice continues to be given to many persons on issues completely outside the statutory duties of the County Council.

What has been set out above must not be taken as an exhaustive survey covering the whole field of activities of the Welfare Committee. This report merely touches upon some of those main features of the administration which it is thought would be a useful supplement to the County Medical Officer's report for 1955.

In concluding this report, I would like to express my grateful thanks to members of the County Council, and especially to the Chairmen and members of the Health and Welfare Committees and the various House Management Committees, for their great interest in the advancement and expansion of the welfare services as a whole, and to record my appreciation of the efficient co-operation and help given by members of my staff throughout the year.

W. C. WALKER,
County Welfare Officer.

CUMBERLAND AND WESTMORLAND HOME AND WORKSHOPS FOR THE BLIND

Welfare Services, etc., for blind persons resident in the Administrative County of Cumberland and the City of Carlisle

1 REGISTER

The number and classification of Blind Persons on the Register on the 31st March, 1956, was as follows :—

Age Group.	Males. City.	Males. County.	Females. City.	Females. County.	Total. City.	Total. County.
0— 5	—	2	—	2	—	4
5—10	—	1	1	1	1	2
11—15	1	2	1	—	2	2
16—20	1	2	2	2	3	4
21—30	2	6	3	6	5	12
31—39	3	13	4	9	7	22
40—49	3	12	6	12	9	24
50—59	2	27	6	22	8	49
60—64	7	14	5	25	12	39
65—69	4	19	2	27	6	46
70 and over	24	110	28	163	52	273
Total	47	208	58	269	105	477

2 WORKSHOPS.

(a) **Types of employment and numbers employed on 31st March, 1956 (excluding Trainees).**

	Males City	Males Cnty	Females City	Females Cnty	Total City	Total Cnty
Firewood Department	3	3	—	—	3	3
Bed and Mattress Making	—	4	1	—	1	4
Bedding Labourers	—	2	—	—	—	2
Brush Making	1	2	—	—	1	2
Basket Making and Rush Seating	2	3	—	—	2	3
Upholstery	—	2	—	—	—	2
Piano Tuning	—	1	—	—	—	1
Machine Knitting	—	—	2	3	2	3
Re-seating Chairs (in cane)	—	—	—	1	—	1
Total	6	17	3	4	9	21

General Obesrvations on Employment

Great difficulty has been experienced in keeping employment at a full time level. A general falling off in trade in addition to most unexpected and disappointing delays in delivery of machinery and equipment, has had an

adverse effect on the volume of work available. The Executive Committee of the Workshops is fully alive to the position and subject to the limits imposed by financial considerations, a comprehensive selling scheme throughout the City and County is visualised in the immediate future.

It is felt, however, that a good deal of help could be afforded in the matter of employment if local authority purchasing departments using the products of the blind, could be encouraged to place their orders with the local Workshops, particularly in the knitting, brush and mattress making departments.

(b) TRAINING

Blind persons at 31st March, 1956, receiving training with the approval and recognition of the Ministry of Labour.

Training in.	Males. City.	Cnty.	Others.	Females. Cty.	Cnty	Others.	Total. Cty.	Cnty.	Others.
Basket Making	—	—	—	—	—	—	—	—	—
Brush Making	1	—	1	—	—	—	1	—	1
Machine Sewing	—	—	—	—	—	1	—	—	1
Total	1	—	1	—	—	1	1	—	2

Two trainees in basket making, included in the last report, have completed their training. One a County trainee is now employed in the Workshops and the other (a Westmorland case) is an approved Home Worker in Kendal.

(c) **Blind Persons at 31st March, 1956, in Training at other recognised Centres:—**

Centre.	Training In.	Males. City.	Cnty.	Females. City.	Cnty.	Total. City.	Cnty.
Yorkshire School for the Blind.	Machine Knitting	—	—	—	1	—	1
Royal Normal College	Shorthand and Typing	—	1	—	—	—	1
School of Physiotherapy London.	Physio-therapy	—	1	—	—	—	1
R.N.I.B. School	Shorthand and Typing	—	—	—	1	—	1
Total		—	2	—	2	—	4

The numbers in the foregoing table remain as before but there have been several changes in the composition of the table. The County female who was training in physiotherapy is now taking a course in shorthand and typing and the report of her first term states she is making satisfactory progress. The report of the County male trainee in physiotherapy records a marked improvement and states that his practical work is good. Of the two remaining trainees, the shorthand typist is progressing satisfactorily and the knitter very slowly.

In addition to the foregoing, two County and one City case have had rehabilitation courses at Torquay and Bridgnorth. The City man is now employed in the Workshops; a County man is due to commence training in Carlisle Workshops in brush making and the other is at home awaiting training in telephony.

3 BLIND CHILDREN AT SPECIAL AND OTHER SCHOOLS AT 31st MARCH, 1956:—

School.	Males.		Females		Total.	
	City	Cnty.	City	Cnty.	City	Cnty.
Royal Normal College	—	1	—	—	—	1
Manchester	—	—	1	—	1	—
Prudhoe and Monkton Hospital	1	—	—	—	1	—
Fulwood, Preston ...	—	1	1	—	1	1
Sheffield School for the Blind	—	1	—	—	—	1
Sunshine Home, Southerdown ...	—	—	—	1	—	1
Total	1	3	2	1	3	4

All pupils are making satisfactory progress and some are showing excellent results.

In addition to those enumerated above there are four County partially sighted children and one City child on the registers; three are at a special school, one is at St. Begh's School, Whitehaven, and the other at the H.K. Campbell School, Carlisle.

4 OPEN INDUSTRY.

(a) **Types of employment and numbers employed at the end of March, 1956:—**

Trades.	Males. City	Males. Cnty.	Females City	Females Cnty.	Total. City	Total. Cnty.
Factory Operatives ...	—	2	—	—	—	2
Labourers	—	2	—	—	—	2
Telephone Operators ...	—	2	—	—	—	2
School Teachers	—	—	1	—	1	—
Agricultural Workers	—	1	—	—	—	1
Physiotherapists ...	—	1	1	—	1	1
Poultry Farmers ...	—	4	—	—	—	4
Other open employment and St. Dunstaners not included above	2	3	1	—	3	3
Total	2	15	3	—	5	15

(b) **General Observations.**

A City male previously included in the foregoing table has returned to employment in the Workshops. The City male added to the table is employed at a local Maintenance Unit but has only recently obtained a house in Carlisle and been added to the City Register. The reduction in the number of County cases employed is due to a retirement and a removal from the area but in addition to those shown, a County female works part time at a laundry. Of those registered as partially sighted, eight are employed (five males and three females).

5 HOSTEL—PETTERIL BANK.

(a) **Number of Residents in Hostel on 31st March, 1956—**

County Cases, 7; City Cases, nil; Others, 2; Total, 9.

(b) **General Observations on maintenance, social activities and other matters of interest.**

Despite individual changes the number of residents in the Hostel remains as before. The Christmas Dinner, Entertainment and Dance for Hostel residents and workers was thoroughly enjoyed, and in the same week the workers' social club held their annual Christmas party which also proved a huge success.

The Social Club entered the competitions of the North Eastern Games Association for the Blind, and in March the first round against blind workers from Sunderland was played off in the hostel recreation rooms.

In January, Mr. and Mrs. Cowen, gardener/handyman and cook/matron respectively for the past three years, relinquished their joint appointment on the grounds of Mr. Cowen's ill health. Miss E. E. Edgar, of Workington, formerly Matron at the School for the Blind, Liverpool, was appointed in Mrs. Cowen's place and took up her duties on 14th February, 1956.

The substitution of an oil-stoker for coke fuel in the hostel central heating boiler has proved a real boon and, in addition to the elimination of dust and the labour of cleaning, the atmosphere is maintained at a constant temperature.

6 HOME EMPLOYMENT (Not part-time workers).

On the 31st March, 1956, there were six blind persons in the home workers' scheme in the following occupations, viz.:—

	Males		Females		Total		No. of Visits.
	City	Cnty.	City	Cnty.	City	Cnty.	
Braille Copyist ...	—	—	—	2	—	2	17
Piano Tuner ...	—	1	—	—	—	1	8
Farmer	—	1	—	—	—	1	7
Shopkeeper ...	—	1	—	—	—	1	22
Pig Farmer ...	—	1	—	—	—	1	7

The period under review has been satisfactory for the Home Workers.

One of the braille copyists had difficulty in getting through her work for a few weeks during illness but at the end of the six months was fully recovered and the other, recently admitted to the scheme, is now completing forty braille sheets per week.

The piano tuner who also has a music shop suffered a drop in television sales as a result of the credit restrictions but piano tunings, wireless repairs, sheet music sales, record sales, etc., are still flourishing.

The farmer had a busy and successful time over Christmas with dressed poultry sales. The pig and poultry farmer is finding pigs more profitable than

poultry and is therefore reducing his poultry stock, increasing the number of pigs and has had, at times, a stock of over eighty pigs. It is of interest to note that he won first prize at the Carlisle Christmas Fat Stock Sale.

The slight improvement noted in the shop-keeper's sales during the last report has happily been maintained. He is being encouraged to improve the appearance of his shop window and shop interior which should help his sales considerably.

7 HOSPITALS, INSTITUTIONS AND HOSTELS (other than Petteril Bank).

The number of Blind Persons in Hospitals, Institutions, Homes and Hostels on the 31st March, 1956, was as follows :—

Hospital, Institution or Hostel.	Males.		Females.		Total.	
	City	Cnty.	City	Cnty.	City	Cnty.
Part III. Accommodation	—	8	1	5	1	13
Other Residential Homes	2	—	4	—	6	—
Mental Hospitals ...	2	2	2	2	4	4
Other Hospitals	—	2	1	3	1	5
Total	4	12	8	10	12	22

There is a slight increase in the number of patients in hospitals, etc., since the last report due perhaps, in some small measure, to the winter season and harder weather.

In addition to the thirty-four registered blind people shown above there were six partially sighted cases in hospitals, etc., and of this total of forty, eleven are over 80 years of age.

Home teachers have made over 120 visits to these cases and at each visit some personal gift has been taken to help cheer them or meet personal need.

8 HOME TEACHERS.

No. of Home Teachers in County Area—5
No. of Home Teachers in City Area —1
— Total 6

Districts & Home Teacher.	Cert. or Uncert.	No. of Blind Persons in District.	No. of Home Visits during Quarter	No. of other visits on behalf of Blind
City—				
Miss Speight	Cert.	105	280	42
Cumberland Rural Areas—				
Miss Hetherington ...	Cert.	101	369	35
Maryport and District—				
Miss Duggleby	Cert.	101	454	56
Workington, Whitehaven and Districts—				
Mr. Hilland (Males) ...	Cert.	93	540	28
Miss Gander (Females)	Cert.	89	557	114
Mrs. Todd (very old folks)	Uncert.	93	851	25

In addition to the registered blind persons shown above there are now 118 partially sighted persons on the registers (100 County and 18 City). Thus there should be added to the visits to the blind and on their behalf, a further 394 visits to these registered as partially sighted and a still further 3,077 direct contacts with both blind and partially sighted at social club meetings, handicraft classes, outings, parties, etc.

9. HANDICRAFT CLASSES

Location	No. of classes during 6 months.	Average attendance.	No. of lessons.	Instruction given in	Instructor
Penrith ...	17	5	80	Basketry Pulp cane work	Miss Hetherington
Cockermouth ...	8	4	32	Chair caning Knitting	Miss Duggleby
Maryport ...	18	7	106	Weaving Rugs and Mats	Miss Duggleby
Whitehaven ...	24	9	216	Stool seating Embroidery Straw bags	Mr. Hilland
Egremont ...	24	9	165	Leather work Bead work Crochet work	Miss Gander
Carlisle ...	20	10	194	String bags Shoe pads	Miss Speight

General Obesrvations

The members of the Penrith class have now formed a small Concert Party and terminate class activities earlier to hold rehearsals.

The Maryport and Cockermouth classes are finding some difficulty in disposing of all their products. A fair proportion is good and readily saleable through the Institution's sales shop in Carlisle, but the remainder is not so easily disposed of and members are finding it increasingly difficult to obtain purchasers among their friends and neighbours.

Attendances at the Egremont class have been affected by adverse weather but at the close of the period an improvement was noticeable and the enthusiasm of the members has not diminished. In December, the Egremont members were entertained to a tea and entertainment by the Whitehaven class, who were similarly entertained in Egremont in January. Both functions proved successful and enjoyable.

After Christmas the demand for canework and similar articles suitable for presents fell away very rapidly and in the closing months of the year the members of the Whitehaven class were busily engaged looking for "new lines." Experiments with seagrass mats are proceeding and the members look forward to a busy time in the future.

The City class continues to flourish and produces a wide variety of articles—the most popular of which are the hookey mats and wool rugs which find a ready market.

Through the medium of the Thrift Club, operated in conjunction with the class, the members have saved over £50 during the year which will be utilised for purchases, holidays, summer outings and similar activities.

Mention was made in the last report of two exceptional cases, one a rheumatoid arthritis subject and the other a young uneducable case—both are doing well and making progress.

Social Clubs and Social Centres for Blind Persons are as follow :—

Location of Club.	Open, i.e, Daily, Weekly, Monthly, etc.	M/ship (B.P.)	Av. attend (B.P.)	Short note of Activities.
Penrith ...	Monthly ...	12 ...	9 ...	See following notes
Cockermouth (inc. Maryport ...	do.	15 ...	13 ...	do.
Whitehaven ...	Fortnightly .	17 ...	14 ...	do.
Workington ...	Weekly ...	56 ...	41 ...	do.
Cleator Moor ...	Fortnightly .	28 ...	21 ...	do.
Carlisle ...	Monthly ...	25 ...	18 ...	do.

General Obesrvations and Report

The Social club for the blind of Penrith and district has met each month and a varied programme provided. The joint Concert Party of the club and handicraft class travelled to Appleby and entertained the Appleby Evergreen Club and the members were entertained to a New Year party by members of the Penrith Inner Wheel.

The Cockermouth club meets monthly with an average attendance of seventeen. Tea is provided on each occasion by the members of the Inner Wheel Club who also arrange the entertainment which consisted of plays, readings, musical recitals, community singing and talks on local and interesting subjects.

Whitehaven club is proving a " go ahead " concern. The fortnightly meetings have averaged an attendance of fourteen, with games afternoons, domino competitions, talks and recitations by members and visitors and musical entertainments, all arranged and organised by a totally blind member of the club. The club is now fully provided with crockery, etc., largely the results of the efforts of the members themselves, and tea parties, now a feature of the programmes, are thoroughly enjoyed. The Workington club have met weekly for many years and whilst attendances may tend to fall off during the winter months, there are always upwards of forty members present. On January 31st,

the club held a combined Christmas and Birthday Party, when over 100 members, guests and friends sat down to a most acceptable meal followed by games and an entertainment by a local Concert Party. In February, the Marsh Side Boys' Club entertained the blind to a supper and concert, when each blind person received a small gift from the members of the Boys' Club. The remainder of the session was taken up with band practises, games, domino competitions, readings and plays, talks and musical entertainments.

The Cleator Moor club is proving a happy and popular innovation. Though a comparatively new undertaking, attendance is most encouraging and despite the fact that so many of the regular attenders are elderly and have long distances to travel, only very inclement weather or sickness prevents their being present on club days.

The City club have had a successful run. The Bulb Growing Competition, judged by Mr. J. Irvine, the Parks Superintendent, attracted thirty-three entries, the largest number so far received. Two interesting addresses were given to members during the period.

11 BRAILLE AND MOON—READERS AND INSTRUCTIONAL ACTIVITIES

	City.		County.	
	Braille.	Moon.	Braille	Moon.
(a) No. of readers registered with the National Library (Northern Branch)	19	3	23	8
(b) No. of other readers	3	2	5	2
(c) No. of Blind Persons receiving lessons in Braille and/or Moon	1	1	4	3
(d) No. of lessons given during the quarter	10	8	60	11

General Obesrvations

During the year a recently registered blind man applied himself so well to the subject that after one lesson he had gained sufficient knowledge of moon to enable him to apply for books from the Library, and whilst he continues to use moon books he is making rapid progress in braille type and should soon become a braille reader as well. A

brother of this man, also blind, has commenced to learn braille as the result of his brother's interest and will shortly be linked up with the Library.

One young man awaiting admission to a rehabilitation centre was taught braille in the waiting period and found it most useful on his admission to the course, whilst another young man was taught braille during his course of rehabilitation and his letters home gave every indication of progress.

A young girl suffering other defects in addition to blindness is making little or no progress and and it is felt that the facilities provided by a special school would be of benefit to her.

At the close of the year arrangements were complete for the Annual Braille Reading Competition for the blind of Carlisle and Cumberland to take place at the Hostel for the Blind, Carlisle, on the 7th April, when it is hoped some of our local readers will prove themselves worthy competitors for the regional and national contests to be held in Manchester and London respectively in May, 1956.

12. GENERAL SOCIAL ACTIVITIES, ENTERTAINMENTS, OUTINGS, ETC.

General social activities during the year fall mainly under the heading of Christmas activities, and have been maintained at the usual level.

13. WIRELESS SETS AND TALKING BOOKS

During the year notification was received that sixty per cent of the estimated need in wireless sets would be met by the British Wireless for the Blind Fund and delivery of part of the allocation was actually received in the closing quarter, with the result that since October twenty-six new sets were issued, seven sets were repaired and returned to their users and fourteen sets were re-conditioned and re-issued.

There are now fourteen privately owned Talking Book machines in the area and seven the property of the Committee of the Workshops in regular use and on loan to individuals on a rota.

14. HOME HELP SERVICE AND GENERAL MATTERS OF INTEREST.

Thirty-six registered blind and partially sighted people in the City and County are receiving assistance through the Home Help Service. Many of them who are infirm, crippled, aged invalids, bedridden or living alone, would be in a sorry plight but for the care and attention available through the Home Helps. The co-operation of the Home Help Supervisor in the City is much appreciated in that every endeavour is made to ensure that the blind do not have their Helper changed but that the same woman is detailed to them for as long a period as possible. This adds much to the usefulness and success of the service in the homes of blind people living alone.

Financial assistance has been given as well as assistance in kind to many in need of extras or necessities beyond their own means. Grants have also been made to purchase or assist in the purchase of clothing, mattresses and bed clothes, surgical necessities, special appliances made for the use of the blind and travelling expenses for escorts to rehabilitation courses, etc., were needed.

At Christmas time each blind person on the register received a Christmas gift of 5s. from the Committee of the Workshops for the Blind.

APPENDIX II.

CARLISLE DIOCESAN ASSOCIATION FOR THE DEAF AND DUMB

SUMMARY OF ACTIVITIES DURING THE TWELVE MONTHS ENDED 31st MARCH, 1956

West Cumberland Development

The new Assistant Missioner for West Cumberland, Mr. H. Wilcock, commenced duties on 18th August, 1955. The erection of the proposed new social and welfare centre in Workington by the Cumberland County Council for the joint use of the deaf and dumb, the blind and other handicapped persons, will do much to help forward the work of the Association in that part of the County. In the meantime social meetings have continued to be held in St. Michael's Church Hall by kindness of the Vicar and Church Wardens.

Institutes and Social Centres

The social needs of the deaf and dumb people have continued to be met adequately except in West Cumberland. (See previous paragraph.) The Institutes in Barrow and Carlisle have been constantly available on several evenings of each week and every week-end.

Deaf people suffer from social isolation and loneliness, and one of their greatest needs is met by endeavouring to bring together deaf people in sufficient numbers to produce a satisfying social community within which activities which can be enjoyed by deaf people can be organised. Amenities provided in the Institutes and social centres have included all the usual indoor games together with canteen facilities and, in the case of Carlisle and Barrow, television.

In order to help deaf and dumb people to fraternise, arrangements have been made from time to time for parties to be taken by coach between one centre and another. Parties of deaf people from Lancaster came by coach to visit their opposite numbers in Carlisle and Barrow. A total number of eighty persons from all parts of the district were taken by coaches to the Rally of Northern Branches of the British Deaf and Dumb Association held in Lancaster in September, which was attended by upwards of eight hundred deaf and dumb people.

Occasional arrangements have been made whereby the Institutes have been visited by local clubs and organisations.

Special Christmas activities were arranged in all centres.

Visiting

To relieve the loneliness of those deaf and dumb persons who live in the country and who are not able by reason of distance or transport difficulties to take part in the social life of the social and/or community centres, regular visits have been paid to them in their own homes by the Missioners in Carlisle and Workington. More frequent visits have been made in the case of elderly people or those who have been ill. Visits have also been made to deaf and dumb persons in the various hospitals.

All the deaf school children, who are normally away at boarding schools in Newcastle, Preston,

Manchester or Boston Spa, have been visited in their own homes during school holidays, and received gifts at Christmas time. This visiting has afforded a useful opportunity for the Missioners to meet the parents.

Register

A start has been made on the preparation of a more comprehensive register, giving more details than than the old index cards which had been in use from quite early days. This work was begun at the suggestion of the Cumberland County Welfare Officer. The Cumberland County section of the register has been completed and much progress made with the remainder.

Interpretation

The services of the Association have been available at all times to provide interpretation, both to help the deaf to express themselves, and to assist the general public and officials in their dealings with deaf people. This is one of the most important parts of the Association's work, and interpretation has been provided for very many different purposes, for example, in hospitals, doctor's surgeries, weddings, funerals, baptisms, solicitors' offices, labour exchanges, Courts of Referees, Assistance Boards, factories and workshops, opticians, and innumerable other instances.

Individual Welfare

The Association seeks to provide advice and help for the deaf and dumb people in all cases of need. Whenever the deaf have assembled for social purposes the Missioners have been available to discuss with them, or their relatives who might accompany them, any problem they might have. It is impossible to give in a brief paragraph any true idea of the diverse nature of the advice which is sought in this way. It is felt that this work is extremely valuable and important because there is no other agency which is able to help the deaf and dumb personally and individually with such an understanding of the special needs and problems peculiar to them.

Employment

It is pleasing to report a year of nearly 100% full employment amongst deaf and dumb persons available for and capable of employment in open industry.

Many married women have been in work either whole or part-time. From time to time difficulties have arisen between employers and their deaf work people and the assistance of the Association has been required occasionally. Help has also been given when deaf people have been changing their employment. All deaf children who have left school during the year are established in work.

Religious Work

In common with most other Associations established long ago to help the deaf and dumb this Association has always provided simple religious services conducted in a manner understandable by the deaf, and continues to do so. Services have been held throughout the year in the Chapels attached to our Institutes at Carlisle and Barrow, and also in St. John's Church Hall, Workington, and Sleddall's Chapel, Kendal. Special celebrations of Holy Communion have been provided by our visiting local Chaplains, assisted by interpretation. Special services of Harvest Thanksgiving were held, and an Anniversary Service in the case of Barrow. The Committee is grateful for the gift of a new oak Lectern for the new Chapel in Barrow, designed by the Missioner, Mr. Garland, and paid for by his brother and sister-in-law; also for the gift of an ivory and ebony Crucifix, the property of the late Miss Ruth Goodwin, and presented to the Carlisle Church for the Deaf by her brother George.

Finance

A matter of serious concern to the Committee has been the heavy falling off in receipts from house-to-house collections due to the difficulty experienced in recruiting suitable people to do this work. Since the retirement of Mr. C. W. Holmes in March, 1954, collectors employed in his place have not stayed long before moving to more remunerative work. An attempt to raise funds by appealing to a fairly wide public through the post has not been very successful.

The Committee is very grateful to the Local Authorities in the Diocese for whom the Association has acted as agent for the purposes of deaf welfare under the provisions of the National Asisstance Act, 1948, for the substantial grants enabling the work to be continued.